

**DEVELOPMENT OF A QUESTIONNAIRE ON COGNITIONS RELATED TO
SEX OFFENDING FOR USE WITH INDIVIDUALS WHO HAVE MILD
LEARNING DISABILITIES**

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DECLARATION

I declare that this thesis has been composed by myself and that the work is my own except where help has been acknowledged.

Sarah L Broxholme

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ABSTRACT

Since the establishment of community care, policy towards offenders with learning disabilities has changed. Previously those individuals would have been admitted to locked wards. With the closure of these wards this option is largely unavailable. In relation to sex offenders there is now a need to identify individuals who are at risk of offending and to establish the most appropriate placement and treatment for these individuals.

Recent literature suggests that cognitive factors play a crucial role in the sex offending process. One method of predicting the risk of sexual offending behaviour is to measure anti social sexual attitudes consistent with sexual offending behaviour. Research indicates that the recognition of offenders' attitudes and attributions are pivotal in bringing about change in their offending behaviour.

There has been little research in developing methods of assessment in the field of learning disabilities. To date there is no valid, reliable, self report questionnaire which assesses cognitive factors in these individuals. Some research has identified various problems in using assessment tools devised for non learning disability populations when assessing the sexual attitudes of individuals who have learning disabilities. These measures are often too complicated and open to suggestible and acquiescent responding.

This thesis aims to develop a valid, reliable self report questionnaire to assess anti-social attitudes and attributions consistent with sexual offending behaviour in individuals who have mild learning disabilities.

Male sex offenders with mild learning disabilities and control groups were tested. The reliability and validity of the questionnaires was examined. Additional questionnaires and vignettes were constructed to aid understanding and investigate response biases.

The groups were compared and results discussed. The limitations, potential uses of the questionnaires and directions for further research are proposed.

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CHAPTER ONE

1. INTRODUCTION

Since the establishment of community care, policy towards offenders with learning disabilities has changed. Previously those individuals would have been admitted to locked wards, often for containment (Caparulo, 1991). With the closure of these wards this option is largely unavailable. Individuals with learning disabilities who have exhibited sexually offending behaviour are now much more likely to live in the community and receive treatment either through a probation order or voluntarily. The recent changes in the placement and treatment of sex offenders with learning disabilities has identified a need to establish which individuals may be at risk of offending and what the most appropriate services and treatment are required for these individuals. However, there is a lack of suitable studies and assessment tools in the field of sex offenders with mild learning disabilities to help guide clinicians.

Recent research with sex offenders without learning disabilities has indicated that cognitive distortions are particularly important in the offending process (Marshall & Eccles, 1991; Murphy, 1990; Perkins, 1991; Salter, 1988). Marshall et al, (1991) suggests that treatment which focuses on social, cognitive and attitudinal factors is more effective than those which focus on sexual deviance. These factors are also assumed to be relevant for individuals with learning disabilities who offend sexually (Murphy et al, 1983). Consequently, good assessment tools are required for this group to identify an individuals cognitive distortions and to evaluate the process and outcome of cognitive behavioural treatment programmes.

The main aim of this thesis is to develop a valid, reliable self report questionnaire which would be suitable for assessing anti-social attitudes consistent with sexual offending behaviour in individuals with mild learning disabilities. If anti-social attitudes can be reliably identified which differentiate sex offenders from other individuals then hopefully these individuals could be identified as at possible risk of offending. These individuals could be further assessed and then directed into suitable treatment programmes if necessary and in effect help to prevent future offending behaviour. This assessment tool could also be used to assess appropriate placement and treatment progress of sex offenders with mild learning disabilities.

As most of the available sex offending literature concerns individuals without learning disabilities the introduction will reflect this. Research which concerns theories, prevalence, assessment and treatment of male sex offenders will be reviewed and particular issues relating to individuals with learning disabilities will be identified. The smaller body of literature on sex offenders with learning disabilities will be also reviewed and problems in the assessment of these individuals will be highlighted. As this thesis is only concerned with male sex offenders, the female sex offender literature will not be reviewed as this is beyond the scope of the study.

A).Theories and Models of Sex Offending

The theoretical literature on sexually offending behaviours will be reviewed briefly. Traditionally, sex offending behaviour has been typically seen as either an excess of libido, the victims fault or that the offender has a genetic predisposition that cannot be changed (Krafft-Ebing, 1886/1965; Ellis, 1899/1942).

Ellis *“believed that sexual deviations should be viewed simply as normal variations of human impulses, rather than abnormal conditions”* (1899-cited in Lanyon, 1991).

However, feminists raised public awareness of womens and victims rights which in turn brought about a change in society’s beliefs and law (Greer, 1983; Herman, 1990). Subsequently, reforms were made and some sexual behaviours became an offence. Sex offenders were thus identified as having committed crimes and therefore became more available to study. Another advent which increased the knowledge of professionals working with sex offenders was interest from social and biological fields which removed the dominance by psychoanalytical theory. More recently models attempt to take biological, social, developmental and situational factors into account. Over time it has been recognised that there are a number of sexually deviant behaviours, of which some would be classified as sexually offending behaviours. The more common sex offences are rape (both male and female), child molestation and exhibitionism. The available literature concentrates mostly on rape and child molestation.

i) Psychodynamic Theories

Freud's view was that all sexually deviant behaviours are theoretically and aetiologically similar (1905/1953, cited in Lanyon, 1991). Freud believed that they represent a form of character disorder, the causes for which developed in early childhood and the behaviours themselves were resistant to change. The explanations typically involved Oedipal conflicts, castration anxiety, repression of the Oedipal wishes and regression to less mature behaviour. Traditional psychoanalytic theory suggests that the basic task in the socialisation of children is the appropriate channelling of sex and aggression which are life's basic driving forces.

There are a number of classifications of both rapists and child molesters in the literature, only a few will be described here. Cohen et al, (1971) classified rapists according to the aim of the act i.e. aggressive, sexual or sadistic. With an aggressive aim, the purpose of the behaviour is to humiliate, dirty, and defile the victim. Such men are thought to have a history of difficulty in heterosexual relations. The aggression is thought to be related to sexual anxiety, and the victim viewed as a substitute object, typically believed to be the mother. With a sexual aim it is thought that the rapist has idealistic fantasies about his sexual skill and the victim's pleasure. Such offences are believed to be based in passive personality features, unacknowledged homosexual feelings, and feelings of interpersonal inadequacy. The act fails to fulfil the fantasy which leads to repetition. With sadistic aim, the sexual and aggressive drives are fused, so that violence must be present for sexual excitation

to occur. Such men are rare and often believed to have a psychopathic or psychotic character and show a variety of behaviours such as impulsivity, stealing and lying.

The Groth typology of rapists and classification of paedophiles suggest that sexuality is used as a means to satisfy other non sexual psychological needs. Groth et al, (1977) proposed a similar model to Cohen et al, (1971) which suggested that the motivation for rape came from either power needs (assertive or reassurance) or anger needs (retaliation or excitement). The power assertive subtype proposed that rape is an expression of virility, mastery, and dominance. The power reassurance subtype proposed that the rape represents the offender's efforts to resolve doubts regarding his own sexual adequacy and masculinity. Two anger subtypes were proposed: anger retaliation in which the rape is an expression of hostility and rage toward women; and anger excitement in which the rapist finds pleasure, thrills and excitement from the victim's suffering. The authors report that 133 rapists could be classified in this four part model, although there was considerable overlap between subtypes.

Groth et al, (1982) classified child molesters by their psychosexual motivation (regressed or fixated). The regressed offender was thought to have developed an age appropriate sexual and interpersonal orientation, but under certain circumstances regressed to sexual involvement with children. Whereas, the fixated offender's primary sexual interest is toward children, and never developed beyond that level. Underlying motivations for both types may include the need to cope with feelings of powerlessness, attempts to process their own abusive childhood and misplaced needs

for affection. Studies of penile plethysmography tend to support this classification system. The authors excluded child molesters who used or threatened physical force, this group was considered to be a minority of sexual offenders called child rapists.

Psychoanalytic explanations of exhibitionism include the concept of castration anxiety; exhibiting to young girls is thought to be a result of fear of castration by older women who may or may not resemble the exhibitionist's mother. Allen, (1980) suggests that the exhibitionist suffers from disturbances in his psychosexual development with his early object relations. This theory does not appear to explain exhibiting to older females. Lanyon, (1991) suggests that the voyeur is believed to be fixated at the phallic stage of development.

Historically, psychoanalytic concepts have had a substantial influence on professionals involved in this field. However, these concepts have not led to significant advances in treatment and prevention and are largely unsupported by research findings. Therefore, these concepts have been challenged in the past twenty so years.

ii) Behavioural Theories

Behavioural theories regard sexual assault as a learned behaviour, conditioned by attitudes, stimuli and responses. Laws & Marshall, (1990) present a behavioural learning model for deviant sexual preference. The model draws on the behavioural factors of classical and operant conditioning, extinction, punishment, and social learning processes. The model describes how specific stimuli become linked to specific behaviours through basic conditioning, for example, a young girl's voice and/or body may become associated with sexual arousal, if this is an early experience of sexual behaviour. Subsequent masturbation to images and positive consequences would strengthen this association. Bandura's social learning theory (1973, 1977) describes how participant modelling (observation and imitation), vicarious learning (observation only) and symbolic modelling (elaboration of thoughts and mental images following viewing of pornography, media or videos) of sexually deviant actions may lead to deviant sexual behaviour. Generalisation and maintenance of the behaviour may occur through positive or intermittent reinforcement.

Abel et al, (1978) also present a behavioural approach for the assessment and treatment of sexually deviant behaviours. The problem is conceptualised as an inappropriate frequency of behaviours, thoughts, or feelings, thought to be maintained by antecedents and consequences for events. Langevin, (1983) describes a model in which deviant sexual preferences are classified according to stimulus (e.g. a child's

body) and response (e.g. exhibiting) characteristics. This model may provide indications for focus of treatment.

Behavioural formulations of voyeurism *"tend to emphasise the voyeur's need for sexual arousal and gratification together with his presumed anxieties, deficits in interpersonal skills, or other aversions related to the development and maintenance of normal sexual experiences"* (Lanyon, 1991).

Voyeurism is often viewed as conceptually related to exhibitionism (Tollison & Adams, 1979) and often occurs in the context of other sexually deviant behaviours. The authors suggest that impulsivity and danger related excitement often accompany sexual arousal for these men considering the risk taken and possibilities of getting caught. Wolf's (1985) multi-factorial model can also be construed as behavioural and is outlined later.

Research which provides some evidence to support learning through victimisation is proposed by Freeman-Longo, (1986) and Charman & Clare, (1992). Abel et al, (1984) also report that a high number of convicted child abusers were abused themselves, 24 per cent who assaulted females and 40 per cent who assaulted males. However, this theory does not explain deviant sexual behaviour of offenders who do not have extensive deviant interests.

Learning theory could explain how sexually deviant behaviour may occur in some individuals with learning disabilities who have traditionally been housed in same sex wards, for example, homosexual activity may have occurred or been observed either in consenting or non consenting circumstances. Individuals may then continue to participate in these activities within the ward environment but may encounter difficulties on moving into the community through a lack of coping skills, lack of access to appropriate relationships and possible disapproval from carers or community members.

iii) Biological Theories

Biological theories suggest that sexual preferences have their roots in biological abnormalities and can be cured by physical treatments such as prescribed medications (i.e. Depo-provera).

Money et al, (1975) offer three types of biological explanations for rape. These being: rapists frequently have brain dysfunction of a type consistent with impulsivity and under control of aggression; rapists' sexual behaviour gets out of control because their level of plasma testosterone is abnormally high and; rape is a disorder of violence or uncontrolled aggression which can be explained as there are physiological and genetic aspects to the propensity for violence.

A number of authors report that biological defects (i.e. genetic variations, brain dysfunction/insult and hormonal imbalances) may play a role in sexual deviations (Berlin, 1983; Flor-Henry, 1987). Hucker et al, (1986) compared child molesters with non sex offenders on two neuropsychological test batteries and CT scans. The pattern suggested more involvement with the left parieto-temporal lobe than with other lobes, but not sufficient relationship to fully explain the disorder. Langevin, (1990) concludes that the literature suggests a link between temporal lobe impairment and sexually anomalous behaviours which appears to be independent of criminality, general learning disabilities, alcohol abuse, general violence and drug abuse.

The theories do not appear to fully support the basic idea that the offender's sex drive is out of control because his level of sex hormones is too high (e.g. Berlin, 1989; Bradford, 1985). Elevated levels of plasma testosterone are only reliably found in the most aggressive offenders (Rada et al, 1983). Marshall & Barbaree, (1990) offer an integrated theory of the aetiology of sexual offending (reviewed later) in which they recognise that many environmental factors play a role in the mastery of acquiring inhibitory controls over a biological propensity to fuse sex and aggression. Berlin, (1983) suggests that the aetiology of sex offences is multiple, of which biological factors may sometimes play a major role.

iv) Other Theories

Family systems theories suggest that the interplay among family members is of prime importance (Sgroi, 1982) in incestuous child molestation. Typical aspects of family dynamics are said to involve a father who either has a personality disorder or who belongs to a subculture that is tolerant of incest, a mother who may have withdrawn from her sexual role in the marriage and may be passive, dependent, and masochistic, and a daughter who is gradually manoeuvred by the situation into taking on the role of the mother, including a sexual role.

Freund's (1990) courtship disorder model (see figure 1.1) describes how voyeurism, exhibitionism, toucheurism or frotteurism (touching or pressing penis against an unknown female) and rape are distortions of normal sexual interaction. The author notes that Lasegue's (1877) clinical experience was that men who prefer mature male partners expose themselves as an invitation for sexual intercourse. However, Freund recognises that some men exhibit for erotic purposes or for reaction. This model is supported by the co-occurrence of these behaviours (Freund & Blancard, 1986; Freund et al, 1983) and by phallometric studies (Freund et al, 1983).

Figure 1.1: Courtship Disorder Model

Normal phase	Distorted phase
Partner location	Voyeurism
Pretactile interaction	Exhibitionism
Tactile interaction	Toucheurism, Frotteurism
Effecting genital union	Preferential rape pattern

v) Empirical Theories

These models have developed following the recognised limitations of the single factor theories. They appear to be more helpful in understanding the development of deviant sexual behaviour.

In recent years there has been an increase in research on rape based on the theory that rapists must differ from other men. The research areas tend to be developmental, cognitive and social in nature. There is now a tentative agreement that a classification on three dimensions is relevant:

“The meaning of the aggression in the rapist’s behaviour (expressive versus instrumental), the meaning of the sexual behaviour (compensatory, exploitative, displaced anger, or sadistic), and the degree of general lifestyle impulsivity (low or high)” (Rosenberg et al, 1988, p.169-cited in Lanyon, 1991).

Malamuth, (1986) suggests that there are predictive factors for sexual aggression-dominance such as a sexual motive, hostility toward women, attitudes facilitating violence, antisocial characteristics/psychoticism, and sexual experience. The author demonstrated that these factors were additive in predicting sexual violence.

Recent research on child molestation has emphasised the importance of the molesters' cognitive processes, including fantasies, attitudes and distortions and how it relates to their sexually deviant behaviour (Abel et al, 1984). Common distortions include 'A child who does not physically resist my sexual advances really wants to have sex with me'. Such cognitive distortions might also be viewed as internal disinhibitors within Finkelhor's framework (see later).

Multi-factorial models

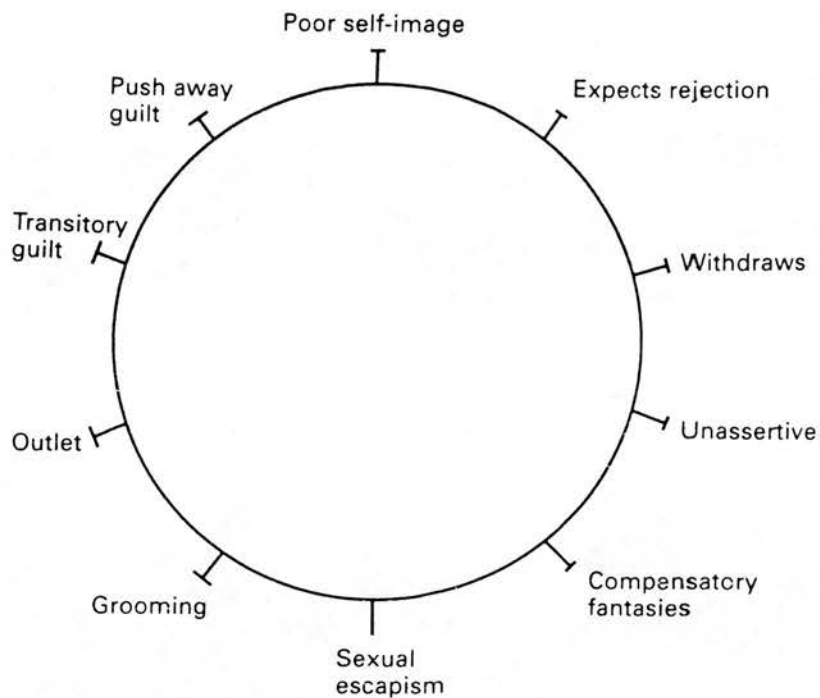
Marshall & Barbaree, (1990) proposed an integrated theory of the aetiology of sexual offending. The model attempts to integrate four groups of factors which are consistently presented as causal in sex offending i.e. biological, early childhood development, socio-cultural and situational. The authors suggest that in male social development their task is to acquire inhibitory controls over a biological propensity to fuse sex and aggression. Poor parenting, negative socio-cultural attitudes and situational factors place an individual at risk. The model is similar to the psychodynamic models of rape proposed by Cohen et al, (1971) and Groth et al,

(1977). Criticisms of this model are that it only addresses aggressive sexual behaviour, and offers no explanation of sexual offending in females.

Two models which have become popular with practitioners in the United Kingdom are those of Wolf, (1985) and Finkelhor, (1984). These models attempt to explain the development and process of offending behaviour and are reviewed here.

Wolf's model (1985) draws together social, developmental, situational and cultural factors. The model suggests that early history (possibly including physical, emotional, sexual abuse or neglect) leads to the development of a personality (typically egocentricity, poor self image, defensiveness, distorted thinking, rumination and obsessive thoughts and behaviour, social alienation and sexual preoccupation) which predisposes the individual to developing deviant sexual interests. He suggests that these early experiences act as 'potentiators' as they result in the child learning inappropriate ways of behaving, as well as developing a self-image and belief system where adult males, having power, can do as they want. These potentiators lessen inhibitions against deviant sexual behaviour such as fear of discovery, harm to victims or social taboos. The more potentiators present the higher the risk of becoming a sexual offender in adult life. The sex offender has a tendency to blame external factors for things which go wrong and has a strong need for tightly structured social situations in which he can exercise control and lessen anxiety. These factors interact in a cycle to develop and maintain the deviant sexual behaviour, see figure 1.2 for the 'sexual assault cycle', originally adopted by Lane & Zamora (1978).

Figure 1.2: Wolf's cycle of offending



The cycle begins with the offender having a negative self image, an expectation to fail or be rejected, and therefore withdraws to defend against this. To cope with the isolation he escapes into sexual fantasies to feel better and provide the illusion of control. The fantasies involve deviant sexual activities and are likely to be reinforced by masturbation. The offender may have distorted thinking in order to alleviate guilt experienced by these fantasies. Such distorted thoughts are a feature of sex offenders' thinking and occur throughout the cycle. The offender progresses to planning the offence and setting up a situation for the abuse to take place. Once the offence has been committed there is a period of guilt and the offender typically uses further distorted thinking to alleviate guilt and anxiety, by minimising or justifying the abuse

and promising that he will not do the same again. However, the reality of his behaviour results in further damage to self-esteem, bringing him back to the feelings at the start of the cycle (see Morrison et al, 1994).

There are a number of offenders whose developmental history and offending behaviour does not fit this model. It does not adequately explain why victims of physical abuse should develop deviant sexual fantasies rather than just violent fantasies. Nor, does it account for the males with a history of victimisation who do not become sexual offenders and how they differ from those who do (Fisher, 1994).

Finkelhor's four factor framework and four preconditions model was developed in 1984 to address child molestation. The framework includes four factors, the first three explain the development of sexual interest in children and the last how this interest translates into behaviour.

The first factor concerns the 'emotional congruence' that child abusers appear to have with children. Howells, (1979) suggests that the children represent weak and non threatening objects. Hammer & Glueck, (1957) describe how relating to a child gives the offender a feeling of power and control (cited in Finkelhor, 1984).

The second factor 'sexual arousal' describes how an adult would find a child sexually arousing. Evidence suggests that many extra-familial child molesters find children more sexually arousing than adults, as measured by physiological testing. Research

with intra-familial offenders has not been consistent, Abel et al, (1981) found that offenders were aroused by children, whereas Marshall et al, (1986) found lower arousal to adults rather than increased arousal to children. It has also been suggested that attraction to deviant stimuli has been conditioned or modelled through early childhood sexual experiences in those offenders who have a history of sexual abuse (e.g. Groth et al, 1982). However, it does not explain why individuals offend who do not have a history of childhood sexual abuse, but social learning theory may account for this (Laws & Marshall, 1990).

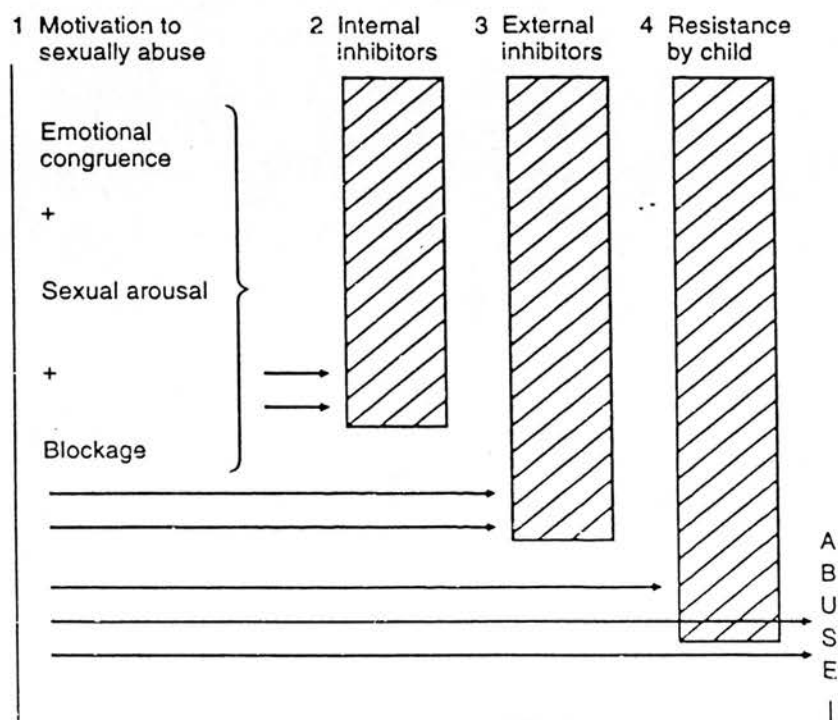
The third factor 'blockage' addresses the question of why some offenders are unable to meet their sexual and emotional needs in appropriate adult relationships. Two subtypes of blockage are described, developmental blockage occurs where offenders cannot relate appropriately to peers. Panton, (1978) provides some evidence that child abusers have problems relating to adult females and some studies indicate poor social skills and sexual anxieties for offenders against females. Situational blockage can occur where an appropriate relationship exists but there is no sexual activity with the appropriate partner.

The fourth factor 'disinhibition' considers why normal inhibitions are overcome or not present in child sexual offenders. Factors which have been suggested are lack of impulse control, senility, alcohol abuse, psychosis, personal stress and learning difficulties. However, this has not been fully supported in research findings as only a few offenders have these difficulties. Empirical support has been found for 'incest

avoidance mechanism'. Here the stepfathers are less inhibited from sexual feelings towards a child than natural fathers, possibly because of different norms or no exposure to the child at an early age (Gebhard et al, 1965; Lustig et al, 1966). Feminists (Rush, 1980; Nelson, 1982) suggest that social norms and values act as disinhibitors for some men who have socially sanctioned authority over women and children to treat as they wish. Cognitive distortions may also act as disinhibitors (Abel et al, 1984).

Finkelhor also outlines the 'four preconditions model of sexual abuse' which describes the necessary preconditions for an offence to occur. See figure 1.3.

Figure 1.3: Finkelhor's four preconditions of sex abuse



Precondition 1: Motivation to sexually abuse. Finkelhor suggests that elements of the first three factors mentioned above (emotional congruence, sexual arousal to children and blockage) may account for the motivation to abuse. This is similar to Wolf's description of the development of deviant sexual arousal.

Precondition 2: Overcoming internal inhibitions. There are a number of individuals who find deviant sexual activity arousing but do not offend, presumably because of their internal inhibitions. To offend one must overcome internal inhibitors. An offender may develop cognitive distortions to justify and excuse their behaviour. This is similar to the disinhibition factor mentioned previously.

Precondition 3: Overcoming external inhibitors. The vast majority of offenders create situations, such as offering to baby-sit or forming a relationship with a single parent to gain access to a child. This is similar to the planning and grooming phase of the sexual assault cycle.

Precondition 4: Overcoming the resistance of the child. The offender has to overcome the child's capacity to avoid or resist abuse. This can involve forming a friendship with the child, using bribes of affection and gifts, threats or physical violence. Some offenders specifically target vulnerable children possibly through poor parenting or previous sexual abuse.

vi) Single V Multi-factorial models

There is debate as to whether there should be one theory to explain all offenders, or a theory to explain each type of sex offending behaviour. The range of sexual offending behaviours and the fact that a number of offenders commit a range of different sexual offences has contributed to the debate. Limitations of the single-factor theories such as biological, psychodynamic, sociological or behavioural to account for all types of sexual offenders has been recognised. There are further limitations as most of the available literature concentrates mainly on rape and child molestation. The more recent literature on multi-factorial models seems promising. It appears that aetiology does in fact involve multiple factors, which may operate in different ways for different people. However, the models do not provide the full picture but using them in combination can provide useful information for planning, assessment and treatment of sex offenders. The influence of cognitive processes has been identified in the majority of theories and models reviewed here and can be seen as contributing to the aetiology and maintenance of sexual offending behaviour.

vii) Models for Sex Offenders with Learning Disabilities

There are no specific models which have been devised for sex offenders with learning disabilities. However, as cited in Hayes, (1991) the reasons for inappropriate sexual behaviours are identified by Griffiths et al, (1985) as

“the same for intellectually disabled and nondisabled populations: a) arousal towards an inappropriate sex object or method of sexual expression; b) deficits in social skills and assertiveness; c) a lack of appropriate sexual knowledge; and d) a pattern of cognitive distortion”.

Nevertheless, other authors have identified additional factors which may be important in the aetiology of sex offending in this group, these being: a lack knowledge of the law and sex, increased vulnerability to victimisation, lack of opportunities to engage in appropriate sexual contact, poor self concept and poor impulse control (Hingsburger, 1987; Charman & Clare, 1992; Aadland et al, 1988; Gilby et al, 1989). Day, (1994) reported that alcohol, major life events and psychiatric illness were identified as precipitating or contributory factors in sex offenders with learning disabilities. People with learning disabilities may relate socially better to children which may increase their self esteem, confidence and sense of power (cf. Finkelhor’s ‘emotional congruence’). This model is multi-factorial, many of the above mentioned factors are mentioned by Wolf, Finkelhor and other theorists as relevant in the development and maintenance of sexual offending behaviour. Hayes, (1991)

considers whether a deviant sexual response in an intellectually disabled person is a reflection of the individuals functional age i.e. curiosity and sexual exploration rather than pure deviant arousal. The author suggests that this would need to be identified in assessment for appropriate treatment.

B) Prevalence and Incidence of sexual offending and abuse in offending and general population studies

Literature from offending populations in the United States of America and Great Britain will be reviewed, followed by general population studies.

There are a number of difficulties and differences in recording and reporting offending behaviour. Some agencies record each victim as a separate case while others record the family as a case (in child sex abuse). The Home Office publishes records of reported offences and convictions, however the figures only account for reported offences and not the number of offenders. Vast differences in prevalence rates are also reported due to a number of factors such as differing definitions used for sexual abuse, sample characteristics, the interview format and methods of eliciting the information. Russell, (1984) estimated that less than 10 per cent of all sexual assaults are reported to the police and less than 1 per cent result in arrest, conviction and imprisonment. The British Crime Survey (Home Office, 1988) estimated the report for rape and indecent assault as 17 per cent. Even when reported, many cases are not

prosecuted, due to difficulties in using a child's statement, the victim retracting their statement, or the offender being cautioned. These statistics can be useful in reflecting patterns and trends of offending but can provide misleading information about the types of offences that are being committed. Many offenders admit to a lesser charge and may have committed many more offences for which they are not charged.

Davies & Leitenberg, (1987) report that adolescents may perpetrate as many as 20 per cent of all rapes and 30-50 per cent of child sexual abuse cases. This group has a high recidivism rate, 44 per cent were rearrested in a three year follow up study (Borduin et al, 1989).

The literature also suggests that a number of offenders are not victim specific, for example Abel et al, (1985) reported that 51 per cent of rapists had committed child sex offences, 17 per cent of child molesters had raped, 30 per cent of rapists and child molesters were exhibitionists and 20 per cent of rapists were exhibitionists. Other studies have identified that a significant number of incest offenders had offended outside the family (Weinrott & Saylor, 1991; Faller, 1990; Becker & Coleman, 1988).

There are problems with the reported figures as they do not reflect the level of sexual abuse in the general population. Studies which attempt to survey the general population probably provide the truest reflection of the level of sexual abuse. The rates of child sexual abuse revealed by prevalence studies vary, ranging from 7 per cent for both males and females (Fritz et al, 1981) to 62 per cent (Wyatt, 1985). A

study of child sexual abuse in Northern Ireland revealed a rate of 0.9 per 1,000 which is comparable to rates from studies in the USA i.e. the American National Incidence Study, (NCCAN, 1981) estimated a rate of 0.7 per 1,000 and Sarafino, (1979) obtained a rate of 1.2 per 1,000 from four areas of the USA. The Northern Ireland study suggested that a rate of 1.83 per 1,000 children may be more realistic, if suspected cases that had not been proven are taken into account. The true incidence is almost certainly higher given that the study was only based on reported cases. In Britain Nash & West, (1985) found that 42 per cent of female patients in a GP practice and 54 per cent of 148 female students reported sexual abuse before the age of 16. Baker & Duncan, (1985) reported that out of a random sample of 2,019 males and females, 12 per cent of the females and 8 per cent of the males had been sexually abused before the age of 16. Kelly, (1991) surveyed 1,244 British college students using a questionnaire. They reported that before the age of 18, 59 per cent of females and 27 per cent of males had experienced at least one unwanted sexual incident. Gittleson et al, (1978) reported that 44 per cent of women said they had been exposed to. Hall, (1985) revealed that one in seven married women in London had been subjected to rape or some kind of sexual assault by their husbands. Gregory & Lees, (1996) reported that 92 per cent of reported rape and sexual assault cases in two police stations in London were lost or dropped over a two year period. Hence more women were reporting crimes but the possibility of a conviction had diminished.

Studies where college students were asked about their sexual attitudes have highlighted that there is a significant percentage of the 'normal' male population who

believe that it is acceptable to carry out a sexual assault, if they were assured of not being detected or punished (Malamuth, 1981; Petty & Dawson, 1989; Zellman, 1984). A percentage also reported having actually carried out forced sexual assaults against both women and children (Finkelhor & Lewis, 1988; Fromuth et al, 1991; Koss et al, 1987).

The studies reported here indicate that sexual offending is a significant problem. Although there are a range of reported rates for a variety of noted reasons it is probably fair to say that the number of sex offenders in the population is likely to be significantly higher than reported or convicted.

C) Prevalence and Characteristics of Sex Offenders with learning disabilities.

Hayes, (1991) conducted a study of the prevalence of intellectual disability in New South Wales prisons and concluded that about 13 per cent were intellectually disabled, 3.7 per cent of these had been convicted of a sexual offence which was comparable to 4 per cent in the nondisabled prison population. However the figures exceeded the nations norms of 0.8 per cent of prisoners who had been convicted of sexual assault (Walker & Biles, 1986). The author suggests that the difference may be accounted for because the study took place in maximum security jails where sex offenders were more likely to be held. A survey by Gross, (1985) in Washington

State, USA found nearly 50 per cent of intellectually disabled offenders had been incarcerated for sexual offences. Prevalence rates of 35 per cent (in the community) and 21 per cent (in institutions) of intellectual disabled offenders had committed sexual crimes.

Day, (1994) and Charman & Clare, (1992) reported that the overall prevalence of offending is lower in learning disabled people than in the general population, and that sex offences are over represented in studies. However, in Walker & McCabe's, (1973) study of hospital order patients, sex offences accounted for 28 per cent of the crimes committed by the 331 mentally handicapped males, this figure being six times that for the general population and two to three times higher than that for other groups of mentally disordered offenders in the study. Cockram et al, (1993) found that the prevalence of intellectual disability amongst offenders was higher than in the general population.

Some researchers have indicated that intellectually disabled people are a high risk group for sex offending (Murphy et al, 1983; Griffiths et al, 1985). Marshall, (1983) reported that intellectually disabled sex offenders are physically dangerous and sexually aggressive towards adults and children, and likely to repeat their offensive behaviour regardless of consequences received. However, Gilby et al, (1989) suggests that there is no clear evidence of this. Schilling & Schinke, (1989) argue that people with learning disabilities should be at no greater risk of offending as they often

have a lowered sex drive, delayed sexual development, few dating opportunities and are closely supervised.

Edgerton, (1981) noted the high incidence of unreported crimes committed by individuals with learning disabilities. Day, (1994) studied forty seven individuals who were referred for antisocial sexual behaviour and found that 37 per cent of incidents resulted in convictions, in 23 per cent police were involved with no convictions and there was no police involvement in 40 per cent. In some cases the victim or police declined to take further action if the offender was known to be learning disabled, the offence occurred in a service setting or the incident involved another learning disabled individual (Day, 1994; Gilby et al, 1989). Swanson and Garwick, (1990) report that society has typically ignored sexual offending behaviour by individuals with learning disabilities or they have been scolded by police, parents or carers with no training or therapy. If the offending behaviour continued then severe punishments were applied with little re-education.

A number of authors offer explanations for the high prevalence rates for individuals with learning disabilities. Prins, (1980) and Kunjukuishman & Varan, (1989) suggest that these individuals are more likely to get caught when committing a crime due to deficits in social and adaptive skills and often confess. Cockram et al, (1993) and Clare & Gudjonsson, (1993) identify that intellectually disabled individuals are disadvantaged in police interview procedures due to their tendency to confabulate, acquiesce and be suggestible. Hayes & McIlwain, (1987) draw attention to the effects

of deinstitutionalisation in that these individuals often have few coping skills to adapt to the pressures of community life. Walmsley & White, (1979) reported that a learning disabled person was three times more likely to receive a custodial sentence for a less serious offence than a non learning disabled offender.

Studies suggest that intellectually disabled sex offenders typically have confused self concepts, poor peer relations, a lack of sexual and sociosexual knowledge, negative early sexual experience, a lack of personal power, sexual naiveté, poor impulse control, low self esteem and a lack of confidence which is similar to the characteristics of non learning disabled sex offender populations (Day, 1994; Hindsburger, 1987). Charman & Clare, (1992) identify that some of these characteristics make individuals with learning disabilities vulnerable to sexual abuse and Fehrenbach et al, (1986) state that individuals who offend have often been abused themselves. When compared with non disabled sex offenders, the intellectually disabled group have fewer victims, victimise females less often than males (50 per cent compared with 89 per cent for the non disabled group), and display greater social skills deficits (Griffiths et al, 1985). They tend to commit multiple offences, from more than one category, and to have a high proportion of paedophilic offences (as do non disabled offenders), but they tend to be less discriminating in their choice of victim (in both sex and age), and more often choose an unknown victim (Gilby et al, 1989).

D) Assessment of sex offenders without learning disabilities

When an individual has committed or is suspected of committing a sexual offence the criminal justice services often request an assessment from mental health professionals. Questions which are usually asked are how dangerous is the individual and what is the risk of re-offending. This places the clinician in a difficult position with a great deal of responsibility. At present there are no precise set of variables which predict dangerousness and issues of repetition.

A clinical judgement can be made following a detailed assessment which needs to be ongoing and as comprehensive as possible. The assessment may include a range of areas, for example a detailed personal and developmental history of the offender, sexual history, arousal patterns, attitudes and knowledge regarding sexuality, particulars of offence and events leading to offence, cognitive distortions, degree of denial, degree of empathy for victim, degree of antisocial behaviour, attitudes towards women, social skills, assertiveness, aggressiveness, strengths and problems in marriage, family problems, alcohol/drug use and personality traits (Salter, 1988).

Groth, (1982) suggests similar areas for assessment but adds specificity of victim selection, degree of access to victims, criminal history, medical history, and the weighing up of internal and external resources to combat the offending tendencies. The authors state that other significant parties should be interviewed to resolve inconsistencies and supply additional information about the subject's behaviour.

Likewise a visit to the subject's home and consultation with police and probation departments can provide valuable information.

The relevant literature will be mentioned in relation to some of the above mentioned areas of assessment namely, sexual preferences and arousal, sexual fantasies, sexual history, social functioning, empathy, attributions, attitudes and cognitive distortions.

i) Sexual Preferences and Arousal

Sexual preference is typically considered to be a stable characteristic that emerges in childhood (Langevin, 1985). It is assumed that on the whole sexual behaviour follows sexual preferences, except when there are compelling reasons not to and the individual has insufficient self control. One of the most reliable methods of assessing sexual preferences is monitoring arousal patterns to different sexual stimuli. The penile plethysmograph consists of a sensor which measures changes in penis size, a recording system and sexual stimuli of varying types (e.g. audiotapes, videos or pictures).

Although aggressors have been distinguished from control subjects on the basis of their sexual arousal (Abel et al, 1977; Barbaree et al, 1979; Quinsey & Chaplin, 1984; Quinsey et al, 1981) it can be difficult to differentiate. Seidman, (1985) and Langevin et al, (1985) found evidence that control subjects were equally aroused to rape and

non rape depictions and Baxter et al, (1984, 1986) found that rapists samples had lower arousal to rape than to consenting sex stimuli. In most studies some control subjects are equally aroused by rape and consenting sex stimuli (Abel et al, 1978; Baxter et al, 1986). The mode of sexual stimuli presentation can also provide mixed results. Studies which used slides found that incestuous offenders showed less arousal to child stimuli than nonincestuous offenders (Murphy et al, 1986; Marshall et al, 1986; Quinsey, 1979), whereas when audiotaped stimuli were used there was no differences between the groups (Abel et al, 1981; Murphy et al, 1986).

Abel et al, (1977) report that deviant sexual responding is a characteristic of rapists as a group and computed rape indices for individuals. This was obtained by dividing the mean response to rape cues by the mean response to consenting cues. The authors found that rapists responded equally to both types of stimulus material, whereas non-rapists tended to respond only to descriptions of mutually enjoyable intercourse. Barbaree et al, (1979) attempted to replicate this study and found that while rapists obtained equivalent arousal levels to rape and mutually consenting depictions, non-rapists showed considerably less arousal to rape than to mutually consenting episodes. The authors concluded that the violence in the depictions inhibited erectile responding in non-rapists that would otherwise have occurred in response to the sexual behaviours described in non violent depictions. More recently, Lalumiere & Quinsey, (1994) conducted a meta-analysis of studies and concluded that rapists and non-offenders can be reliably differentiated but only when using the stimuli developed by Quinsey or Abel and his colleagues.

However, a number of other studies have found results which show no evidence that deviant sexual arousal is characteristic of rapists (Baxter et al, 1984; Murphy et al, 1984). Murphy et al, (1984) concluded that “ *the use of penile circumference measurements with certain populations is not highly valid*”.

Marshall et al, (1983) suggested that the samples of rapists in the initial study by Barbaree et al, (1979) and those by Quinsey were not representative of rapists as a whole. Quinsey et al, (1984) admit that in their sample there may have been an over-representation of sadists. Evidence from a number of sources suggests that degrading and humiliating assault stimuli might more accurately reflect the interest and incentives of rapists. However, Eccles et al, (1994) found that degradation rape indices did not differentiate rapists from non-rapists.

Quinsey, (1988) suggests that phallometric assessment has become the most scientifically accepted method of measuring male sexual interests. However, evidence shows that such measures are not infallible and responses can be faked (Abel et al, 1975; Quinsey & Bergersen, 1976). Eccles et al, (1994) and Murphy et al, (1991) suggest that erection responses should not be taken to imply that the offender is at a low risk to re-offend and does not need treatment. Therefore, it should not be used alone when assessing individuals for parole, probation, or other release decisions. Routine phallometric assessments of rapists may exaggerate the relevance of sexual arousal patterns since the research indicates that the extent to which non-

sadistic rapists differ from non-offenders is minimal indicating the limited clinical utility of this procedure.

Another measure of sexual interest is self reported sexual arousal or sexual attraction. Malamuth developed 'The Likelihood of Raping Scale' for use with college students and later expanded and re-labelled it the 'Attraction to Sexual Aggression Scale' (Malamuth, 1989). Malamuth notes that these measures are not designed to identify potential rapists and does not claim that they should be used in applied settings. Abel & Becker, (1985) developed a card sort procedure of deviant sexual preferences in which a series of brief descriptions of sexual behaviours are rated on a seven point scale (attractive to unattractive), later revised by Laws et al, (1989). The procedure appears to be able to elicit deviant interests from some offenders who deny such interests in interviews and therefore may be a valuable measure for assessment and/or treatment outcome. However, the psychometric properties of this scale have not been formally evaluated.

Self reported sexual interests among child molesters have been found to be similar to those of normal men (Quinsey et al, 1975). However, there are methodological problems of response biases to try to appear to be normal. There are a number of studies which suggest that the length of time spent looking at pornographic materials is an indication of sexual interest. Harris et al, (1996) obtained good discrimination between child molesters and normal men using this method.

The clinical interview is the most frequently used assessment method for determining sexual interest. A detailed history regarding the frequency of various deviant and non deviant behaviours, the number of victims or consenting partners, and the frequencies and types of sexual fantasies can provide valuable information regarding the offenders sexual arousal pattern. Hall et al, (1993) argue that other factors such as cognitive-affective processes or developmentally related issues should be studied, rather than restricting studies to sexual arousal only.

ii) Sexual fantasies

Assessment of sexual fantasies can provide a guide to sexual preference. Beckett, (1994) describes how fixated child abusers typically report child focused sexual arousal and fantasies, often developing during adolescence or early adulthood. Non fixated child abusers typically report sexual fantasies which are focused on adult partners, with child focused fantasies focused on their current victim. An assessment of fantasy can provide information about the degree of fixation on children and the history of these fantasies which can inform judgement about the risk of further offending. Murphy, (1985) reported that deviant sexual fantasies during masturbation occurred in child molesters who molested males outside the home (74%), females outside the home (38%), or daughters/stepdaughters (3%). Abel & Rouleau, (1990) and Quinsey & Earls, (1990) report that child sex offenders frequently ruminate over sexual fantasies involving children. Wolf, (1985) suggests that these recurrent deviant

fantasies aid maintenance of offending behaviour as they overwhelm any feelings of guilt the offender may have following an assault and contribute to disinhibiting subsequent assaults.

Masturbation activity is important in the assessment of sexual offenders, but there are no measures appropriate for use with sex offenders. The Wilson Sexual Fantasy Questionnaire (1978) addresses masturbation fantasies but not frequency or satisfaction. A record of sexual fantasies can be obtained during interview or recorded on tape during masturbation.

iii) Sexual History

A history of previous sexual offences is a well established risk indicator for future recidivism (Hanson et al, 1992; Marshall & Barbaree, 1988). However, it is difficult to obtain an accurate sexual history from the offender as they are unlikely to disclose all their offences. Victim reports can be the best source of information if available, although only a small fraction of victims are identified.

There are a number of assessment tools which can be used in addition to standard interview which attempt to assess an individuals sexual experiences. Paitich et al, (1977) suggest that the Clarke Sexual History Questionnaire (SHQ) is a useful measure for assessing sexual offenders. It consists of 189 direct questions about the

frequency of both deviant and normative sexual acts and has good psychometric properties and appears to be a valid instrument. The Thorne Sex Inventory (Thorne, 1966) and the Multiphasic Sex Inventory (Nichols & Molinder, 1984) contain measures of self reported sexual crimes, although these are not as comprehensive as the Clarke questionnaire. The Sexual Experiences Survey (SES), (Koss & Oros, 1982) was developed to identify rape victims and undetected sexual offenders in normal samples.

The role of sexual abuse in the aetiology of sexual offending is debatable (Garland & Dougher, 1990; Hanson & Slater, 1988). Sexually abused child molesters often have problems that are not found in nonabused offenders (Hanson, 1991; Langevin et al, 1989). However, Groth & Hobson, (1983) identify that the majority of sexual abusers were sexually victimised in childhood. Sexual victimisation took the form of witnessing inappropriate sexual behaviour by parents, sexual humiliation by others, or living in a punitive environment which did not allow natural childhood sexual curiosities and activities to occur. Caparulo, (1991) reported that a large percentage of sexual abuse of learning disabled individuals is perpetrated by professional staff, family members and an extremely small percentage by strangers.

iv) Social Functioning

A number of authors have identified that interpersonal skill deficits and social anxiety are factors which contribute and maintain sexually abusive behaviour. Men who sexually assault children (Beckett et al, 1994) and both rapists and child abusers (Overholser & Beck, 1986; Stermac & Quinsey, 1985) were found to have problems with assertion. Barbaree et al, (1988) found that poor social problem solving skills are apparent in child molesters. They found that child molesters were just as good at recognising a problem and at generating solutions, but they choose socially unacceptable solutions and failed to recognise negative outcomes. Their conclusion being that child molesters may demonstrate cognitive processing deficits that precede social behaviour.

Garlick, (1991) identified histories of intimacy failure and emotional loneliness in sex offenders. Segal & Marshall, (1985) found social skill deficits in child molesters, however, rapists were more adequate and more socially skilled. They also found that child molesters were significantly poorer at predicting and evaluating their own performance when compared to other sexual offenders and community controls. Lipton et al, (1987) found that rapists had social information processing deficits that predisposed them to misconstrue women's cues, particularly those involving negative or bad moods in first date situations.

Assessment of social competence at interview only can be problematic as the offenders presentation may be strictly due to the interview circumstances i.e. a poor performance may be a response to the interview situation and alternatively competent performance may be due to a structured environment. Segal & Marshall, (1985) advocate observation in actual social interactions. Assessment tools can include role play situations, observations in other environments and questionnaires which investigate elements of social skills i.e. measures which assess assertiveness and anxiety. Beckett, (1994) suggests that direct observation of the offender's social behaviour, interviews, questionnaires and reports from others provides the most valid assessment. Further work needs to be carried out in this area. The possible deficits in cognitive processing of social information indicates target areas for clinical intervention.

v) Empathy

Beckett et al, (1994) identified that child abusers have an impaired capacity for empathy, particularly towards victims. An offender may acknowledge that sexual abuse is generally harmful to victims, but state that he does not think his victim was harmed. A number of scales have been used to assess this in sex offenders. The Rape Empathy Scale (RES) developed by Deitz et al, (1982) is similar to Burt's Rape Myth Scale except it has a forced choice format. The individual has to agree or disagree with abstract statements such as " Rape is an act that is provoked by the rape victim".

Findings with this scale are that the more self-reported empathy an individual has for a victim, the less likely they are to report a propensity to rape (Linz et al, 1988). Other scales have failed to distinguish between offender groups and some authors have reported low reliability and poor internal consistency (Hogan's Empathy Scale, Hogan, 1969; Emotional Empathy Scale, Mehrabian & Epstein, 1972). The Interpersonal Reactivity Index (Davis, 1983) appears to be the most favourable psychometrically. Tests like these are likely to be influenced by the respondent's abstract verbal skills and knowledge of societal norms.

McFall, (1990) suggests that empathy could be assessed as a skill rather than an abstract attitude. Measures based on this approach ask the respondents to infer a person's feelings given various cues, for example child molesters were asked to rate how the child would feel in sexually abusive and nonabusive adult/child interactions. Ratings of abusiveness in this study were not different for child molesters, sexual abuse experts, or community controls. However, the child molesters ratings were significantly worse than controls.

vi) Attributions for offending behaviour

Attribution is the process whereby an individual attempts to construct causal explanations for their behaviour and the behaviour of others. Synder, (1976) recognises that there are two types of attribution which seem relevant to criminal

behaviour. The first being internal versus external. Internal attribution occurs when the cause of the behaviour is perceived as 'located' within the individual's personal qualities. External attribution occurs when the cause or blame is attributed to social and environmental pressures. The second type of attribution is perceived freedom to act i.e. the individual had a free choice to act and did not lose self control due to mental causes. Gudjonsson, (1984) named this type of attribution 'mental element attribution'.

Generally, people tend to attribute their own undesirable behaviour to external forces, for example to victims, poverty or provocation. The opposite seems to be true when people attribute causality to other peoples' behaviours (Storms, 1973). Wortman, (1976) suggests that attributions may function to enhance an individual's sense of control over the environment, protect self-esteem, personal worth and may reduce anxiety and guilt. Gudjonsson, (1984) suggests that the attribution of blame and responsibility may be different in 'ordinary' criminals than in 'mentally-abnormal offenders'. In that an ordinary criminal may tend to attribute cause to external factors whereas the latter group may attribute cause to internal factors of lack of self control or distorted perception, but deny personal responsibility.

Gudjonsson, (1984) developed the Blame Attribution Inventory for measuring how offenders attribute blame for their criminal acts. It consisted of three independent attributional factors: external i.e. social circumstances, victims or society; mental element i.e. mental illness or poor self control; and guilt feeling i.e. regret and remorse

concerning the offence. Using Eysenck's Personality Questionnaire (EPQ) this study (using a psychiatric population) and a later study by Gudjonsson & Singh, 1989 which used a revised version of the inventory and 'ordinary' criminals from prisons in Britain found that external attribution of blame was positively correlated with personality traits associated with criminality. The 1984 study found that guilt feeling was associated with depression and mental element attribution correlated with the EPQ Lie Scale. The 1989 study found that guilt feeling was correlated with neuroticism and introversion. Using the revised version of the inventory Gudjonsson & Singh, (1988) assessed a variety of offenders and found that in general the more serious (e.g. homicide, grievous bodily harm) and interpersonal the offence the stronger the reported guilt and mental element attribution (e.g. loss of self-control, depression). Subjects who had committed sexual offences reported the strongest remorse for their offence. Gudjonsson & Singh, (1989) suggest that external attribution of blame makes offenders feel less remorse about their offence, whereas those who attribute blame to mental factors feel remorse and may feel partly responsible for their actions. These findings were replicated in criminals in Iceland by Gudjonsson & Petursson in 1991.

The tendency to blame the victim or to hold the victim partially accountable for the attack has been supported by research (Janoff-Bulman et al, 1985; Jenkins & Dambrot, 1987). Males are more likely than females to hold victims of rape or sexual assault responsible for the incident (Thorton et al, 1981; Kanekar & Nazareth, 1988; Whatley & Riggio, 1993). It has been suggested that male sex offenders perceive

themselves as less responsible than the child for sexual offending (Segal & Stermac, 1990; Stermac & Segal, 1989). Other research has found no gender differences (Whatley & Riggio, 1992; Acock & Ireland, 1983). There are a number of variables that increase the tendency to blame the victim in sexual assault. For example, if the victim is dressed suggestively subjects are more likely to blame the victim (Edmonds & Cahoon, 1986; Kanekar & Kolsawala, 1980), is sexually experienced (Macrae & Shepherd, 1989; Pugh, 1983), is unattractive (Ferguson et al, 1987; Gerdes et al, 1988), is acquainted with the attacker (Tetreault & Barnett, 1987), or if she initiated the date (Muehlenhard, 1988). Burt, (1980) has identified that there are cultural myths surrounding female rape. For example, only 'bad girls' get raped or only women who 'ask for it' get raped. A number of possible explanations have been offered for why people try to blame an apparently innocent victim. The most commonly cited theory is Lerner's (1980) belief in a just world, whereby people get what they deserve and deserve what they get. A person who is viewed as good or kind warrants favourable outcomes and a person viewed as bad or stupid warrants unfavourable outcomes i.e. bad things do not happen to good people. This theory was supported by Whatley & Riggio, (1993) who also found that males believe in a just world more than females. They conclude that it is likely that victim blame is affected by subjects' perceptions of violent attack.

Weiner's attributional theory of motivation and emotion (1986) focuses on the perceptions regarding the causes of various outcomes. Weiner proposed that causal attributions could be classified on three dimensions: locus i.e. internal or external to

them; stability i.e. stable or unstable over time; and controllability i.e. controllable or uncontrollable. Russell, (1982) developed a valid Causal Dimension scale using Weiner's dimensions in assessing the perceptions of causes in achievement in under graduate students, and noted that the scales validity would need to be established in other settings.

McKay et al, (1996) investigated causal attributions for criminal behaviour in child sex offenders, rapists, and property and violent offenders. Two nine item questionnaires modelled on The Causal Dimension Scale (Russell, 1982) were developed to assess the causes for the offending behaviour and sexual arousal. The authors found that child sex offenders were differentiated from other groups in attributing the causes for their offending behaviour and sexual arousal to internal, stable and uncontrollable dimensions and their emotional need was to be accepted or sexual attraction to immature bodies. Whereas rapists reported emotional needs as sexual, and property offenders' emotional needs were the excitement of offending, both groups reported these needs to be external, unstable and controllable. Violent offenders viewed their emotional needs as power, revenge and urges to be violent which were experienced as internal, stable and uncontrollable.

Weiner, (1986) states that a person's subjective causality is more important in determining their subsequent behaviour than actual causality. French, (1989) identifies that child sex offenders cognitions develop from their perception of reality

i.e. a notion that children are ready and suitable partners for their emotional security and sexual satisfaction.

The attributional model provides evidence that there is a link between a person's attributions, emotions and behaviour (Weiner, 1986). Hence therapy must include individual assessment to identify what offenders consider are the causes of their offending. If offenders believe the causes of their offending behaviour are within themselves, under their control and changeable then it is likely that they will develop the motivation to change. On the other hand if offenders construe the causes of their behaviour as external, uncontrollable and stable it is unlikely they will believe that they are capable of changing their behaviour and this could be tackled in treatment. Therefore, offenders' attributions can be seen as pivotal in bringing about a change in their behaviour.

vii) Attitudes and Cognitive Distortions

Cognitive distortions are assumed to play a major role in the offending process and are a specific target in treatment (Marshall & Eccles, 1991; Marshall & Barbaree, 1989; Murphy, 1990; Perkins, 1991; Salter, 1988; Abel et al, 1984). Sex offenders opinions, attitudes and beliefs about their sexual arousal and sexual behaviour appear to differ from other criminal groups (Marshall & Eccles, 1991; Hudson et al, 1995) and it has been suggested that child sex offenders experience impulsive thoughts

related to children (Quinsey, 1986; Pithers et al, 1988). Sex offenders frequently show denial and distortion during psychological evaluations. However, there has been little work in developing a reliable method of measurement (Murphy, 1990).

Cognitive distortions are learned beliefs that many sex offenders hold about behaviours such as child molestation and rape. Barnard et al, (1989) argue that cognitive distortions are important in conditioning certain chains of events that result in sexual offending. Clinical reports point to a consistency in the beliefs expressed by men who sexually offend against children (Abel et al, 1984, 1985; Finkelhor, 1984). The content of these cognitions includes ideas that children are informed and can consent to, or refuse sex with an adult. Child molesters develop and modify “cognitive distortions” to cope with the conflict between their personally rewarding sexual experiences with children and societal norms (Abel et al, 1984; Abel et al, 1989).

A number of researchers have attempted to investigate various offence related attitudes, for example, towards violence, women and/or children, sexual experience and sex offences (e.g. Lanyon , 1991; Burt, 1980). The measures will be reviewed in the next section.

There is a need to determine the contributory role, if any, that cognitive factors play in the initiation or maintenance of sexual offending behaviour, for example, specific cognitions or beliefs may play an aetiologic role in the development of adults’ sexual

interest, may develop as rationalisations following the initial episodes of sexual misbehaviour, or may be solely connected with deviant sexual arousal (Stermac & Segal, 1989).

viii) Measurement of Attitudes consistent with Sex Offending

By definition, an attitude cannot be measured directly because it is a hypothetical construct. The assumption is that they can be measured by people's beliefs or opinions about an attitude object (Stahlberg & Frey, 1988). Most attitude scales rely on verbal reports and take the form of standardised statements. Such scales make two assumptions, that the same statement has the same meaning for all respondents and that subjective attitudes can be quantified i.e. be represented by a numerical score.

Measurement of Attitudes by Questionnaires

The usual way of measuring cognitive distortions in sex offenders has been by measuring other attitudes (i.e. rape myth acceptance) and inferring general levels of cognitive distortion, for example work with child sex offenders (Abel et al., 1984; Cortoni, 1991) and work with rapists (Burt, 1980; Check, 1984). Abel's Cognition Scale, (1984) consists of statements which represent those commonly used by child molesters to justify their behaviour. The authors discuss the scales limitations and

suggest that the scale should be modified to mask its intent by mixing the six strongest items with other attitude statements, not associated with child molesting.

The Cognitive Distortion and Immaturity (CDI) and Justifications Scales (JS) in the Multiphasic Sex Inventory (MSI) (Nichols and Molinder, 1984) are also measures of cognitive distortion. However, Gillis, (1991) found that the CDI failed to distinguish between rapists and non-rapists criminals. Hanson et al, (1991) suggests that basic psychometric research is required before the scale can be clinically useful. Gudjonsson, (1990) found that there was a correlation between cognitive distortions and external attribution of blame. Gudjonsson implied that there could be either faulty socialisation in childhood which leads to the development of cognitive distortions, or that personality and attitudinal factors associated with personality disorders could account for the cognitive distortions and tendency to externalise blame. The author concluded that cognitive distortions should not be treated in isolation to the offender's other problems and his personality. Successful modification of cognitive distortions and external attribution of blame require the offender to develop and accept more favourable belief systems, rather than simply learning what answers to agree with.

Several scales have been developed to measure attitudes toward rape and hostility (e.g. Check, 1984; Buss-Durkee, 1957; Feild, 1978; King et al, 1978; Schwartz et al, 1981). Burt, (1980) developed the Rape Myth Acceptance, Adversarial Sexual Beliefs, Acceptance of Interpersonal Violence, and Sex Role Stereotyping Scales.

Ashton, (1982) reported that males tend to score higher than females on these scales. A number of studies have found that the Attitudes Towards Women Scale (Spence et al, 1973) and others have failed to discriminate between rapists, child molesters, non sexual offenders and some community controls (Marolla & Scully, 1986; Segal & Marshall, 1985; Segal & Stermac, 1984).

In America, Scott & Tetreault, (1987) used the Attitudes Towards Women Scale and found that rapists scored more conservatively than violent criminals and community controls, all groups scored liberally. In Britain, Harmon et al's, (1996) findings did not support this using a short form of the Attitudes Toward Women Scale (Parry, 1984). This finding was consistent with many feminist writers viewpoints which suggests that there is no essential difference between "rapists" and "normal" men. However, the authors note that the difference in results could be due to the cultural mix of subjects in America (35 per cent were black and 15 per cent were Hispanic, whereas subjects were all white in Britain). They hypothesise that oppressed groups may seek out other groups that they perceive as lower than themselves i.e. males in working class and/or ethnic minority might look to devalue women to increase (in relative terms) their own status.

The Hypermasculinity scale (Mosher & Sirkin, 1984) asks respondents to select from two alternatives, one representing "macho" values the other "non-sexist" values in relation to sex attitudes towards women and violence. This scale correlates with other

relevant scales and appears to be internally consistent and is not overly contaminated with social desirability. However it has not been validated with sexual offenders.

The masturbation attitudes and practices of sexual offenders are also important in assessment and treatment. There is no adequate measure at present. Masturbation scales such as Negative Attitudes Towards Masturbation (Mosher, 1988) and the Wilson (1978) Fantasy measure are not appropriate for offenders who masturbate to deviant sexual fantasies as it is assumed that it is healthier not to feel guilt about masturbation. One study investigated the relationship between unhealthy attitudes towards sex and sex offence recidivism and found that adolescent sex offenders with healthy attitudes were the most likely to re-offend (Smith & Monastersky, 1986). There is a need to develop suitable masturbation measures for sexual offenders that addresses guilt, masturbation frequency, fantasies, satisfaction and the circumstances leading to masturbation.

Measurement of Attitudes by Vignettes

Another method which has been developed to assess cognitions and beliefs in sex offenders are vignettes. Stermac & Segal, (1989) developed factually based vignettes describing sexual contact between an adult and a child. The vignettes varied in the amount of sexual contact as well as the child's response to the contact. Questions which probed perceptions and opinions regarding the benefit or harm to the child, the

children's complicity or consent to the act itself, and the adult's responsibility for the behaviour were used. The results indicated that compared to other groups child molesters attributed greater benefit to children as a result of sexual experiences with adults, and saw greater complicity on the child's part in the initiation of sexual relationships. Child molesters attributed less responsibility to adults for the initiation of sexual contact with children than did other groups. This study provides support for the hypothesis that men who have had sexual contact with children differ from others in the types of cognitions and beliefs they have. Other studies of child molesters (Alexander & Follette, 1987; Howells, 1981) also support the findings of this study.

Measurement of Specific Beliefs about Offending Behaviour

The current research makes it difficult to make specific inferences about the beliefs that an offender has about their own offences and their offending behaviour. General attitudes towards sexual aggression may reflect an increased risk of offending (Segal & Stermac, 1990) but an offender's specific beliefs about his own behaviour are likely to be predictive of future behaviour (Marshall & Eccles, 1991; Murphy, 1990). Work by Ajzen & Fishbein (1970; 1972) suggest behavioural intentions are best predicted by an individual's attitude towards performing a particular behaviour and their normative beliefs about that act. Therefore, it would appear that using general measures of attitudes towards sexual aggression will only assess normative beliefs

about sexual offending. Measuring how an individual feels about his specific sexual offending behaviour should measure both their attitude toward performing the specific act and his more generally normative beliefs about sexual offending. In this way an offender's offence related opinion should act as a better predictor of future offending than more general attitudes.

There is little research in this area, Hogue, (1994) developed the Sex Offence Information Questionnaire (SOIQ) which was designed to assess cognitions and behaviour prior to their sexual offending, specific to their offence and reflect future expectations. Sexual offenders in two English prisons were assessed prior to treatment. Hogue found that The Sex Offence Information Questionnaire was significantly related to a number of existing scales designed to measure general attitudes towards coercive sexual behaviour and not related to a measure of social desirability. The author concluded that the questionnaire allows a more general way of assessing cognitive distortions that can be used across offence groups as a measure of treatment need.

Stermac & Segal, (1989) suggest that the beliefs or attitudes of sex offenders need to be important treatment targets since their modification may contribute to compliance with components of a multifaceted treatment approach. Research on treatment outcome has suggested that reduction in sex offenders' denial and cognitive distortions may be a primary positive outcome in preventive therapy against relapse (Miner et al, 1990). Therefore the use of a variety of methods (i.e. questionnaire,



vignettes and specific offending tools) to investigate the attitudes and cognitive distortions that sex offenders may have may be more appropriate than using one sort of assessment. The measures available for individuals with learning disabilities will be reviewed later.

E) Attitudes and Behaviour

There is confusion in the literature between the terms attitudes, beliefs and values. The terms are often used interchangeably and there is considerable overlap between them. The differences between definitions will not be discussed here. However, the link between attitudes and behaviour will.

Researchers in the health behaviour field have indicated that the assumption that attitudes might predict behaviour needs to be viewed with caution. Attitudes may influence behaviour but it is equally plausible that behaviour will influence attitudes (Wellings et al, 1994).

The Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1974; Ajzen & Fishbein, 1980) was designed to attempt to explain the links between attitudes and behaviour. Essentially, the theory claims that the proximal (immediate) cause of behaviour is a person's intention to engage in that behaviour. It assumes that human behaviour is rational, the target behaviour is under the actor's conscious control, the intention is

itself a function of both the actor's attitude towards engaging in the behaviour (a personal variable) and their perception of the extent to which significant others think that they should engage in it (subjective norm, a social variable).

The Theory of Planned Behaviour (TPB - Ajzen, 1988), a revised version of the previous model was developed to account for non-voluntary behaviours by adding perceived behavioural control (our perception of whether we possess the resources and opportunities needed to execute the behaviour).

Attitude research has been revived since the 1980s by the cognitive approach. Early studies which investigated the relationship between measured attitudes and behaviour failed to find a reliable relationship (Wicker, 1969; La Piere, 1934). It is now generally agreed that attitudes are only one determinant of behaviour; they represent predispositions to behaviour but how we actually act in a particular situation will depend on the immediate consequences of our behaviour, how we think others will evaluate our actions and habitual ways of behaving in those kinds of situations. Attitudes provide us with ready-made reactions to and interpretations of events, just as other aspects of our cognitive equipment do, such as schemas and stereotypes. Hence, an attitude should predict behaviour to some extent, even if this is extremely limited and specific.

In a sexual attitude survey, Wellings et al, (1994) found that those subjects who reported no experience of the behaviours questioned were more likely to perceive

them as wrong. Respondents who themselves had had no sexual intercourse before marriage were nearly ten times as likely to frown on this practise as those who had. Men who reported never having had sexual experience with a man were more than three times as likely to view such relationships as wrong as were those who had done so, and women who reported no sexual experience with a woman were five times as likely to see such behaviour as wrong. The authors draw attention to the boundary between attitude and knowledge measurement, for example, knowledge of the law rather than a personal opinion regarding under age sex. This division between attitudes, knowledge and experience may be relevant if assessing the attitudes of individuals with learning disabilities who typically have limited sexual knowledge and experiences.

Most modern theories agree that attitudes are represented in memory and that the accessibility of an attitude is a factor that can exert a strong influence on behaviour (Fazio, 1986). Strong attitudes are more accessible and exert more influence over behaviour because they can be automatically activated.

The research indicates that attitudes do not predict or necessarily reflect behaviour. For example, as highlighted earlier many attitudinal measures do not differentiate sex offenders and non sex offenders. This suggests that the role of these attitudes differs for different people. The attitudes which inhibit certain behaviours may be more important, however, these are not included in the present study.

F) Assessment of sex offender treatment process and outcome

Hanson et al, (1991) indicates that further work is necessary to improve existing outcome measures for sexual offenders. They recommend that new measures be constructed that are suited to specific treatment programmes to evaluate improvement rather than rely on available measures. There is a need for continued research to identify the general approaches and specific measures which may be most useful in the risk assessment of sexual offenders.

A method which has been used in relapse prevention programmes to assess treatment progress is to develop program-specific skill measures (Miner et al, 1989). This approach involves specifying the knowledge and skills which offenders are expected to learn in treatment. Tests are then constructed to assess the treatment goals. Situational competency tests could be used in conjunction with self assessments of situations that offenders consider to be high risk (Stermac et al, 1989).

Anderson et al, (1995) describes the development of a reliable scale for therapist ratings of progress in cognitive-behavioural treatment of sexual offenders. The Sex Offender Treatment Rating Scale (SOTRS) consists of six behaviourally defined clinical rating dimensions which are labelled Insight, Deviant Thoughts, Awareness of Situational Risks, Motivation, Victim Empathy, and Offence Disclosure. Therapists are also required to make an undefined Progress Estimate. The study demonstrated that the scale was internally consistent and provides a reliable indicator of client

progress in sexual offender treatment. Further studies of the Sex Offender Treatment Rating Scale are needed for validation of the therapist ratings of treatment response with recidivism statistics.

G) Treatment of sex offenders without learning disabilities

Incarceration offers only a temporary solution if no treatment is offered as the offender will leave *'prison no better equipped to handle the demands, responsibilities, pressures, and frustrations of their lives than they were before'* (Groth, 1982).

Alternately treatment may be offered either in prison or as a condition of probation. Difficulties of motivation can arise here in that the offender may feel no compulsion to attend for treatment, may be in denial or may fear that an admission to the crime would result in incarceration. Treatment as part of probation in the community, if appropriate, can often provide the motivation to attend for treatment as the threat of a prison sentence looms if the terms of probation are broken. However the risk of the offender must be established before appropriate placement of the offender can be identified.

Treatment programs for sexual offenders have predominantly taken a cognitive/behavioural approach either as an individual or in groups (Knopp et al, 1992). Treatment issues and objectives have included some of the following areas:

taking responsibility for the offence, motivation, denial and minimisation, analysis of offending behaviour, problem solving, addressing deviant sexual arousal and fantasies (aversion conditioning, satiation training, covert sensitisation and education), victim empathy training, cognitive restructuring, sex education, social and interpersonal skills, assertiveness training, counselling, drug treatment and relapse prevention (Marshall et al, 1991, 1995; Murphy et al, 1983; Pithers, 1994; Beckett, 1994; Hudson et al, 1995). Groth, (1983) states that the majority of sexual abusers benefit significantly from treatment and recidivism rates diminish following treatment programmes.

Marshall et al, (1991) suggests that cognitive treatment for sex offenders is more beneficial than those which focus on sexual deviance per se. The authors state that social, cognitive and attitudinal problems are important targets in the treatment of offenders. Therefore, good assessment tools are required to measure attitudes and cognitions to inform the treatment process.

H) Assessment of Sex Offenders with Learning Disabilities

In recent years there has been increasing interest in the psychological assessment and treatment of male sex offenders, that is, of men whose sexual behaviour is illegal-regardless of whether they have been convicted by a court. Much of this literature is derived from large clinical samples which probably include some men with mild

learning disabilities. However, there is little mention of its application to these individuals. There is a dearth of literature within the field of learning disabilities which addresses the problems of sex offending. The research which is available consists of a few promising but uncontrolled case studies.

Often when action is taken, the offender alternates between mainstream and specialist treatment services and the criminal justice system (Department of Health, 1989). Recently there have been efforts to change the situation (Home Office, 1990; Dept of Health/Home Office, 1992). Subsequently, there is now a greater demand and commitment towards a co-ordinated, multi-agency approach to offenders with mild learning disabilities, including sex offenders.

There are a few authors who have identified possible factors which may contribute towards sexually deviant behaviour in individuals with learning disabilities. Griffiths et al, (1989) mention a number of factors: lack of a normal developmental environment, delayed sexual development, segregation effects and restrictive environments, lack of privacy, lack of sexual knowledge and unrealistic sexual expectations, vulnerability to sexual abuse by others, lack of social and cognitive skills, drug effects, societal and staff attitudes some of which may contribute towards inappropriate sexual development and expression. Hayes, (1990) suggests that deviant sexual behaviour maybe a reflection of inappropriate role modelling, victimisation, lack of sex education, poor social skills, low self esteem, effects of institutionalisation, lack of appropriate partners, lack of early behavioural intervention

and lack of staff training and resources. Demetral's, (1994) 'counterfeit deviance' is similar which suggests that the deviant behaviour is a result of factors such as lack of information about sexual expression, a history of victimisation, poor social skills, lack of assertiveness, limited opportunity for appropriate relationships and medication side effects. Charman & Clare, (1992) identified that individuals have poor knowledge of the law relating to sexual behaviour.

The importance of a thorough functional assessment which includes many of the above mentioned areas has been recognised to clarify the factors contributing to the aetiology and maintenance of the individuals offending behaviour. A comprehensive assessment will provide indications for treatment.

Caparulo, (1991) advocates that a comprehensive assessment should include investigation into the following areas: sexual history, sexual knowledge and attitudes (using the Socio-Sexual Knowledge and Attitude Test - SSKAT), sexual interest, moral development (using Kohlberg's scheme), level of social deviance (using Lement's scales), risk level, and a chronology of sexual events. He emphasises the need to validate verbal reports due to acquiescence in the learning disability population. Cullen, (1993) suggests that a constructional approach which involves functional analysis (Donnellan et al, 1988; La Vigna et al, 1989) should prove useful in both assessment and treatment of offending behaviour in these individuals. Griffiths et al, (1989) suggest that an assessment of the offender's environment, sexual knowledge, social skills, sexual preferences and a detailed history is essential.

Clare, (1993) outlines how a cognitive behavioural approach to assessment could be used with sex offenders with mild learning disabilities. She advocates using an expanded form of 'functional analysis' (Owens & Ashcroft, 1982) where the antecedents, consequences and the context in which the offending behaviour occurs are assessed. The sexual interests (physiological arousal to different stimuli and sexual fantasies), social-sexual behaviour (sexual knowledge and social skills), and attitudes and thinking (assesses the offender's beliefs about his victims and other people and the impact of his behaviour upon them) can also be assessed.

Assessment can be carried out by using some of the following methods: self report i.e. interviews, questionnaires, card sorting procedures and rating scales; behavioural observations of target behaviours; physiological measures, i.e. penile plethysmograph and; case history data, such as witness and victim statements and previous reports.

Clare, (1993) highlights the need for multi-disciplinary assessment as members of other disciplines can contribute leading to a fuller understanding of the factors underlying and maintaining a particular individuals sex offending behaviour.

Some assessment tools or methods have already been mentioned in previous sections, those which are used specifically with the learning disabled will be reviewed here.

i) Sexual Knowledge

This can be carried out by using particular assessment tools, for example, the Kempton package which includes slides, (1988), the Socio-Sexual Knowledge and Attitude Test (SSKAT- Wish et al, 1980), the Assessment of Socio-Sexual Skills (Edwards, 1979) or a video assessment (Johnson, 1981). The Sexual Knowledge Questionnaire (Bender et al, 1983) has normative data for individuals.

ii) Sexual Preferences

As outlined before the penile plethysmograph or Abel and Becker's Card Sort test can be used to provide information about the individual's sexual interests. Murphy et al, (1983) used the penile plethysmograph with sex offenders with learning disabilities and found that medication side effects need to be taken into consideration as these often interfere with sexual arousal and should be withdrawn prior to assessment. The authors also identified that some individuals had difficulties differentiating between consenting and non consenting sexual stimuli, and may need training before assessment.

iii) Social Skills

Observation of an individual during interview can provide useful information. Videotapes and role play have been used (Griffiths et al, 1989) together with the relevant section of the Vineland Adaptive Behaviour Scale (Sparrow et al, 1984). Hames, (1987) used a social skills assessment based on Spences's (1980) work with adolescents who had mild learning disabilities. Charman & Clare, (1992) used pictorial materials (photographs, slides and video-tapes) to assess difficulties in understanding sexually related situations.

iv) Attitudes and Cognitive Distortions.

A useful method for assessing attitudes are vignettes (Beckett, 1992) which describe a sex offending situation. A series of questions are then asked which assess the offenders beliefs about the situation and the attribution of responsibility for the crime. The SSKAT also contains a number of attitudinal questions, however, the measure concentrates mostly on sexual knowledge and can take a long time to administer.

There are very few assessment tools available for use with individuals with learning disabilities, none of the above mentioned are specifically aimed for assessment of sex offenders with learning disabilities. Therefore, there is a need to develop such a tool.

I) Treatment of sex offenders with learning disabilities

Historically, individuals with learning disabilities have not been given treatment as it was thought that they would be unable to comprehend or engage in treatment due to the varying degrees of cognitive deficits. Initially, it was thought that sex offending behaviour in the learning disabled was solely a product of deviant sexual arousal, and therefore the treatment of choice was behavioural. Recent developments in cognitive therapy suggest that it can be used successfully with this population, providing they have some verbal language skills (Williams & Moorey, 1989; Scott, 1992; Kendall & Braswell, 1985; Lindsay et al, 1993). Therefore, there has been a growing interest in cognitive behaviour therapies for people with learning disabilities.

There has been suggestion that sex offenders with learning disabilities are amenable to the same kinds of treatments used with non learning disabled population. However, the methods and materials used may need to be modified, concrete explanations, repetition and simple language needs to be employed (Clare, 1993; Clare & Gudjonsson, 1991).

Hayes, (1991) states that *'....interventions must be well documented, clear, consistent and where possible take place in the natural setting'*.

Motivation to change and attend treatment can be a problem (Jones et al, 1997), as in other groups. A number of strategies for facilitating motivation, includes helping the

offender understand the reason for the offences, reinforce him for co-operation (Bancroft, 1979), and persuasion and contingency management (Perkins, 1991). Motivation for treatment can be enhanced if therapist can assist him in achieving goals unrelated to the offence behaviour. Motivation has been facilitated most successfully in cases in which, on conviction, the offender has accepted a probation order with a condition of treatment. (Gunn, 1976; Clare, 1993). Clare, (1993) emphasises the need to consider consent to treatment for co-operation.

Treatment of these individuals now focuses on reducing inappropriate thoughts, feelings and behaviour and increasing alternative thoughts, feelings and behaviour. There are a few studies which have used treatment packages which include some of the following components: relationship skills, developing self image, confidence and self esteem, social skills training, assertiveness training, sex education, empathy skills training, incentive schemes, education regarding laws for socio-sexual behaviour, aversive conditioning, counselling, anti libidinal medication and management of at risk behaviours (Murphy et al, 1983; Hames, 1987; Day, 1994; Charman & Clare, 1992; Swanson & Garwick, 1990; Foxx et al, 1986). Briggs, (1994) uses visual symbols, drawings and psychodrama with learning disabled individuals in prison. Griffiths et al, (1989) used a multi-disciplinary approach to implement treatment components mentioned above. Cullen, (1993) describes how reactive and proactive strategies (Donnellan et al, 1988; La Vigna et al, 1989) can be used following a functional assessment of sex offenders with learning disabilities.

Myers, (1991) discusses the side effects, informed consent and ethical aspects of using anti-libidinal medication in sex offenders with learning disabilities. The majority of anti-libidinal trials have been conducted in institutions where the risk of re-offending is minimal. Therefore, there is a need for more research in community samples. Cooper, (1995) suggests that treatment with an anti-androgen and counselling will generally be more effective than drug treatment alone.

Group therapy can be extremely useful (Swanson & Garwick, 1990; Caparulo, 1991; McGinnity & Curran, 1991; Charman & Clare, 1992) as peer pressure can produce change in pressing for disclosure and conformation (Lakey, 1994).

At present, there is little empirical support for any type of intervention with male sex offenders with mild learning disabilities. Most of the studies describing interventions involve comprehensive packages of treatment often with small numbers. Therefore there is a need to identify the effective components. It has been suggested in the earlier literature that the factors identified as important for sex offending in individuals with learning disabilities do not essentially differ from those without learning disabilities (Griffiths et al, 1985). It has also been suggested that cognitive behavioural treatment programmes may be suitable for individuals with learning disabilities if modifications are made. Therefore, the need for a reliable, valid assessment tool for individuals with learning disabilities who offend sexually has been identified.

J) Problems in Assessment.

The literature on survey research suggests that obtaining valid information from anyone can be troublesome (Sudman & Bradburn, 1974). The assessment methods mentioned are subject to measurement problems such as socially desirable responding, an increased sensitivity to the offenders' own moral standards, denial, minimisation and acquiescence.

Socially Desirable Response Bias (SDRB) occurs when respondents give answers that they think will be socially approved i.e. trying to “fake good” or make a good impression. This sort of bias is likely for behaviours or emotions that are socially disapproved, for example, anger, aggression, and offence related behaviours. This bias was first highlighted in the field of personality assessment (MMPI SD Scale, Edwards, 1957). Since then a number of authors have developed scales and techniques which attempt to measure and control for socially desirable responding. Some measures adjust for this bias by having a validity scale within it. (i.e. the K, F, and Lie scales of the Minnesota the Social Sexual Desirability Scale of the Multiphasic Personality Inventory (MMPI), Hathaway & McKinley, 1967; Multiphasic Sex Inventory (MSI), Nichols and Molinder, 1984). Other methods are statistical whereby factor analysis identifies items which correlate highly with social desirability scale values (Palus, 1981). However this procedure has disappointing results (Borkenau & Amelang, 1985). Another procedure uses a separate scale of social desirability to statistically remove the bias from the self report measures (i.e.

the Marlowe-Crowne Social Desirability Scale, Crowne-Marlowe, 1960; MMPI SD Scale, Edwards, 1957; Experimental SD Scale, Edwards & Clark, 1987; short Marlowe-Crowne Scale, Greenwald & Satow, 1970; M-C Form C, Reynolds, 1982; RD 16, Schuessler et al, 1978). However, there are difficulties with all these methods and techniques, for example, Marlowe & Crowne identified that it was unclear whether students were responding socially desirably or just truthfully to some items on the MMPI SD Scale. Some of the difficulties have been addressed by further development of the scales in question. Reassurance that subjects' answers will remain anonymous and stressing the importance of giving honest answers can also help reduce this bias. Wellings et al, (1994) investigated sexual attitudes in the general population and identified that sources of response bias such as social desirability, may have been exacerbated due to interview conditions and the nature of the questions. Therefore efforts were made to avoid labelling with moral connotations when formulating the questions.

Denial and Minimisation: Hanson et al, (1991) discuss the difficulties in assessing offence related cognitions as offenders often initially deny the offence took place in. The offenders may be deliberately reluctant to disclose their thoughts or may not recognise what they were thinking. Under reporting of violence can also occur from unconscious self deception (Riggs et al, 1989). They may repress their memories or commit the acts in a dissociative state (Bliss & Larson, 1985) which in some cases can be a result of drug and alcohol intoxication. The Multiphasic Sex Inventory (MSI) contains scales to assess the offenders' denial and /or minimisation of normal

sexual interests. The Lie scales are intended to measure the offenders' willingness to admit to sexual offences and deviations.

It is important to assess whether offenders can "fake" normal attitudes toward sex. Haywood et al, (1994) investigated this in child molesters. Subjects were given the Minnesota Multiphasic Personality Inventory, (Hathaway & McKinley, 1967), the Multiphasic Sex Inventory, (Nichols and Molinder, 1984), and the Abel Cognition scale, (1984). The analyses indicated that denial and admission of interest in sex on the MSI validity scales were significantly correlated with the minimisation and exaggeration of psychopathology on the MMPI. Cognitive distortion on the MSI was significantly associated with cognitive distortion on the Abel Cognition Scale. However, the authors identify that caution must be taken when interpreting low scores on the Social Sexual Desirability Scale (MSI) as this may indicate low heterosexual drive for innocent persons, or exclusive paedophilic interest. Denial on Lie Scales and the Justification Scale (MSI) items may indicate lying about and justification for an offence or truth about not having offended. The results show that differences between deniers and admitters could be explained by the deniers' innocence or their lying.

Acquiescence is the tendency to agree with attitude statements regardless of content. Even when instruments are carefully designed and administered some respondents are still likely to acquiesce. Methods used to control for acquiesce have included the

exclusion of acquiescent respondents from analyses. However, this reduces the generalizability of results as these individuals tend to come from lower education and income groups (Ware, 1978). Winkler et al, (1982) used matched logically opposite pairs of attitude statements and a five point Likert rating scale (1932) to control and measure acquiescent responding in a survey to study the effects of providing drug information leaflets.

Ray, (1983) states that *“people will acquiesce meaninglessly when the item they are answering does not make much sense to them,..”*.

Ray, (1983) and Ware, (1978) suggest that balanced scales should be used as the data can be reanalysed to examine for acquiescence. Schuman & Presser, (1981) conclude that forced choice formats may be preferable to agree-disagree versions. Ray, (1989) discusses the problems with acquiescence and forced choice scales. If a forced choice scale is used then the tendency to agree with the first presented proposition and socially desirable responding replaces the acquiescent response set. This can be controlled for in both forced choice and Likert scales by alternating the order on which the choices are offered.

Fiske & Pearson, (1970) state that there is a dilemma for researchers and clinicians in the field of offence related behaviours as these response biases and difficulties in measurement can produce misleading conclusions about group differences and effect the validity of assessment tools that measure attitudes.

K) Particular Problems in Assessment of Sex Offenders with learning disabilities

Problems have also been identified when assessing individuals with learning disabilities. Socially desirable responding and acquiescence are also present in the learning disabled population. Sigelman et al, (1981) and Clare & Gudjonsson, (1993) suggest that individuals with learning disabilities are more likely to acquiesce than intellectually average persons.

Research suggests that acquiescence bias can be reduced in learning disabled respondents by using an open ended question format or either/or question format rather than a yes/no format (Sigelman et al, 1982). The authors conclude that although neither are ideal they are preferable to the forced choice format on validity grounds. The results suggest that validity of answers given by individuals with learning disabilities must be demonstrated and not assumed. This can be achieved by asking the same information in other ways to determine consistency of responding or by gathering information from other parties, files or observations. Heal et al, (1995) recommend that questions should be posed in multiple, triangulated formats so that response biases can be detected. Sigelman et al, (1981) found the lowest acquiescence rate for a question about the weather suggesting that acquiescence may be enhanced when the respondent does not understand the question, or when the correct answer is unknown or not very accessible. A person may be more likely to guess yes in these circumstances. The authors suggest that the item reversal technique or asking questions that demand a no answer could be appropriate for detecting acquiescence.

However, the tendency to say no regardless of the question asked has been identified as a bias when using certain question formats and social taboo topics. This form of bias may reflect a desire to present in a socially desirable way by denying any association with these taboo subjects.

In addition to acquiescence other difficulties have been highlighted which lead to limitations for using some assessment methods. Clare, (1993) identified a number of difficulties: poor memory which may lead to difficulties in recalling past experiences; suggestibility in interrogative situations, due to 'leading questions' (Clare & Gudjonsson, 1993); reading difficulties can present problems but can be overcome by presenting the material verbally, however this then places demand on verbal memory ability, which is generally poorer in individuals with learning disabilities (Clare & Gudjonsson, 1993) and; difficulty understanding standard self-report measures due to problems understanding complex language, concepts and discriminating responses (Murphy et al, 1983; Charman & Clare, 1992).

There are a number of methods which have been used to modify existing assessment methods or develop new ones. Assessments can be simplified to aid understanding, memory and reduce acquiescence by using visual materials, for example, slides, drawings, videos, photographs (Murphy et al, 1983; Heal & Sigelman, 1995). Rating scales can be presented visually (thermometer) with a reduced range of possible responses. Vignettes can also be used (Beckett, 1992). However, it is important to check that the person understands and messages must be clear.

Clare, (1993) mentions that test re-test reliability over short periods suggests that even simplified measures remain unsuitable for most people with mild learning disabilities. However, it has been shown in a few studies that individuals with learning disabilities can reliably self report, if minor modifications are made to reduce the effects of acquiescence, social desirable responding, memory problems, and incomprehension. Kabzems, (1985) used pictorial materials to aid understanding and memory. Jadoha et al, (1988) used a prolonged assessment period to build rapport, and reduce effects of social desirability, anxiety and incomprehension and found consistent responses regarding self-concept and stigma. Lindsay et al, (1994) found a high degree of convergent validity on a number of self report measures indicating a stable and reliable cognitive system related to emotion. These studies would justify the continued research on the use, validation of procedures and the development of assessment methods and treatments for individuals with learning disabilities.

L) Standardisation of assessment materials

Hanson et al, (1992) suggest that the adequacy of assessment methods depends on three main criteria: conceptual relevance, reliability, and validity. An assessment tool can be of little value if it does not measure something consistently or reliably.

Hence, when developing assessment instruments reliability needs to be established i.e. does it measure what it is designed to measure. This is usually established by repeated administrations (test-retest reliability) or by measures of internal consistency.

When assessing the validity of a measure there are a number of different approaches. One such strategy would be to compare groups of known sexual offenders with non offenders. If differences are found then there is some support that the characteristic assessed is related to sexual offending. However these results could be due to spurious factors, such as social class, reading ability, or effects of incarceration. Therefore a study can be improved if multiple comparison groups are introduced. The measure should be validated with the individuals for whom it is intended for use. A minimum criteria for evaluating the validity of a potential risk factor is that it should distinguish between sexual offenders and non offenders. The most common method for assessing the validity of a measure is by correlating it with other conceptually related and unrelated measures. For example, a measure of sexual aggression should correlate positively with other sexual aggression measures, but should not correlate as much with measures of anxiety or social desirability i.e. convergent and discriminant validity.

M) Brief Summary of Introduction

As identified in the literature the placement and treatment of sex offenders with learning disabilities has changed (Caparulo, 1991). Sex offenders with learning disabilities are now much more likely to be treated on probation in the community. It has been suggested that the factors identified as important for sex offending in individuals with learning disabilities do not essentially differ from those without learning disabilities (Griffiths et al, 1985). Research has identified that the cognitive distortions of sex offenders are critical in the offending process (e.g. Marshall & Eccles, 1991; Murphy, 1990) and that the attributions made by sex offenders are pivotal in bringing about a change in behaviour (McKay et al, 1996; Weiner, 1986).

Jones et al, (1997) conclude that cognitive behavioural strategies, if modified can prove to be beneficial when used within the learning disabled population. Therefore, the assessment of these cognitive distortions and attributions would appear to be paramount for treatment and/or placement purposes. However, the existing measures for sex offenders without learning disabilities are not suitable without modification. To date there are no valid, reliable self report assessment measures for sex offenders with learning disabilities which identify the cognitive distortions or attributions on which the majority of treatment programmes are based. Therefore this thesis focuses on developing such instruments to help identify individuals who may benefit from treatment and to assess treatment effectiveness in this population.

CHAPTER TWO

2. AIMS AND HYPOTHESES

a) Aims of Thesis

The main aim of the thesis is to develop a questionnaire for use with individuals with mild learning disabilities which will assess attitudes/cognitive distortions which are consistent with sex offending behaviour.

This thesis will assess the reliability and validity of the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) by using comparison groups and relevant statistical tests. The reliability and validity of the QACSO will also be assessed by using a number of additional methods and measures designed by the author. These attempt to assess acquiescence/inconsistency of responding, social desirability, the validity of responses given by individuals with a learning disability (vignettes) and offenders' attitudes towards their specific offending behaviour.

This thesis will also investigate attributions for sex offending behaviour in individuals with learning disabilities as these have been identified in the non learning disability literature as being important for motivating individuals to change their behaviour (McKay et al, 1996; Weiner, 1986).

b) Hypotheses

Hypothesis 1: The QACSO will have adequate internal scale reliability.

Hypothesis 2: The sex offenders (group 1) will score significantly higher than control groups on the QACSO sub-sections and the QACSO total scores (discriminant group validity).

Hypothesis 3: Test re-test reliability of responses on the QACSO will be satisfactory.

Hypothesis 4: The correlations between the total sub-section scores on the QACSO will correlate positively with each other and with the overall total score.

Hypothesis 5: The QACSO scores will be significantly lower when the sex offenders (group 1) undertake treatment.

Hypothesis 6: The sex offenders cognitive distortions will be most evident in the sub-sections which relate most closely to their index offence, hence providing validity for the QACSO.

Hypothesis 7: Subjects' responses will not exhibit acquiescence/inconsistency of responding on the PIQ.

Hypothesis 8: Subjects' responses will not exhibit high levels of socially desirable responding on the PIQ.

Hypothesis 9: The responses on the total vignette score will correlate positively with the relevant sections on the QACSO.

Hypothesis 10 : The responses on the five individual vignette items will be concordant with the responses on the five matching items on the relevant QACSO sections.

Hypothesis 11: Sex offenders' (group 1) responses will be concordant when the relevant QACSO sub-section is compared with the Specific Offence Questionnaire (SOQ) relating to their index offence.

Hypothesis 12 : Sex offenders' responses (group 1) on Form A (specific) and Form B (hypothetical) will differ.

CHAPTER THREE

3. METHOD

A). Subjects

This study employed a comparative groups design. Subjects were selected for four groups, and identified according to the following criteria:-

i) Criteria for subject selection

- a) Subjects in all groups were selected who were male and aged between 18 and 65.
- b) Subjects in groups 1 and 2 who had a diagnosed learning disability with IQ of 50-80.
- c) Subjects in groups 1 and 2 who had no diagnosed psychiatric condition in addition to their learning disability.
- d) Subjects in group 2 who had no history of sexual offending behaviour and had no cautions/concerns from carers regarding sexually inappropriate behaviours.
- e) Subjects in groups 1 and 4 who had been convicted of perpetrating a sexual offence in the month prior to participation in study and not received treatment for sex offending behaviour in the past five years. Subjects in group 1 were also included who had been charged, awaiting court appearance and/or had been cautioned by police or carers in connection with sexual offending behaviours but were not awaiting criminal proceedings.

ii). Description of groups.

Group 1: Sex offenders with learning disabilities.

Seventeen male sex offenders with a learning disability were recruited through referrals to the clinical psychology department for assessment for court reports or participation in a cognitive behavioural group. The participants were aged between 18 and 61 with a mean age of 37.4 (S.D. 13.5). The participants mean Full Scale IQ (WAIS-R) was 65.5 (S.D. 8.43) with a range of 51 to 79.

All subjects lived in the community prior to intervention, eight lived with relatives, one lived with a partner, two lived alone and six lived in supported accommodation. All subjects were single except one who was married. Sixteen of these individuals completed a second questionnaire for test re-test analyses. See table 3.1 for demographic and sexual offending details for all subjects in group 1. For ease of reference this group will be 'Sex offenders LD'.

Table 3.1: Demographic details for sex offenders with learning disabilities (group 1).

Subject Number	Age	IQ	Index Offence	Previous Offending Behaviour	Current Sentence/ Diversion
1	53	64	Lewd & Libidinous behaviour (FC)	Two accounts of Lewd & Libidinous behaviour (FC)	Three year probation with treatment order
2	50	53	Sexual Assault (FA)	Two accounts of Attempted Rape(FA) -no prosecution	No action taken
3	44	70	Rape (FA)	Poaching	Three year probation with treatment order
4	24	79	Lewd & Libidinous (FC)	Assault	Formal diversion
5	26	61	Attempted Rape (FA)	Rape (FA) -no prosecution	Three year probation with treatment order
6	19	66	Lewd & Libidinous (MC)	Lewd & Libidinous (MC)- Childrens panel	Three year probation Supervision Order in hospital
7	18	73	Lewd & Libidinous (FC)	None	Three year probation with treatment order
8	43	66	Lewd & Libidinous (FC)	Lewd & Libidinous (FC)- hospital order	Hospital order
9	41	51	Sexual Harassment (FA)	Sexual Assault (FA) - diversion to hospital	Hospital order
10	51	79	Rape (FC)	Lewd & Libidinous (FC)	Prison sentence for four years
11	43	76	Lewd & Libidinous (FC)	Assault & Breach of the Peace-prosecution	Three year probation with treatment order
12	22	65	Lewd & Libidinous (FC)	Sexual Assault (MC)- no prosecution	Three year probation with treatment order
13	23	69	Sexual Harassment (FA)	Sexual Harassment (FA) - no prosecution	Formal diversion
14	61	65	Indecent Exposure (FA)	Bestiality & Rape (FA) - special hospital sentence	Suspended sentence- one year
15	31	56	Lewd & Libidinous (MC) Rape (FA) in assessment period	Rape (FA) - no prosecution	Hospital order- State hospital
16	50	56	Lewd & Libidinous (FC) Indecent Exposure	None	One year probation
17	37	64	Indecent Exposure (FC)	Indecent Exposure - prosecution	Three year probation with treatment order

Note: F = Female, M = Male, C = Child, A = Adult

Lewd, indecent & Libidinous practices and behaviour = non violent/non penetrative offences with children

Index offence = most recent offence at time of referral for treatment

Group 2: Non sex offenders with learning disabilities.

Nineteen male non sex offenders with learning disabilities were recruited from an adult resource centre, hospital workshops and psychology clients. The participants ages ranged from 18 to 61 with a mean age of 31.2 (S.D. 12.2). Their mean Full Scale IQ (WAIS-R) was 69.5 (S.D. 6.8) and ranged from 59 to 80.

Eighteen subjects lived in the community, seven lived with relatives, four lived in shared flats, two lived alone, five in lived supported accommodation and one subject lived in hospital. All subjects were single. The majority of the subjects had no history of offending behaviour, however five individuals had previous offence histories, two had been charged with arson and three were drunk and disorderly a number of years ago. Two further subjects had been referred for court reports: one following an armed robbery and assault with previous offence charges of vandalism and an alcohol related offence; the other for aggression and driving under the influence of alcohol with previous charges of the same nature.

Twenty six individuals with learning disabilities who had not offended sexually were initially recruited, seven of these individuals did not fully understand all the concepts required to complete the questionnaires, therefore their data was excluded. A further two individuals declined to take part in the study. Seventeen of the nineteen subjects completed a second questionnaire for test re-test analyses. For ease of reference this group will be 'LD controls'.

Group 3: Non sex offenders without learning disabilities.

Thirty six male non sex offenders without learning disabilities were recruited from a football club (sixteen), university classes (three), a research laboratory (five) and a variety of work environments (twelve). The participants ages ranged from 18 to 56 with a mean age of 34.6 (S.D. 10.4).

Nineteen subjects were married, one lived with a partner, thirteen were single, one was separated and two subjects did not specify their marital status. Sixteen subjects had greater than two years further education, five had less than two years, thirteen had none and two did not specify. Seventeen further questionnaires were distributed but not returned. Sixteen of the thirty six participants returned questionnaires for test re-test analyses. For ease of reference this group will be 'Normal controls'.

Group 4: Sex offenders without learning disabilities.

Eight male sex offenders without learning disabilities were recruited from social work probation services in two regions. The participants ages ranged from 22 to 56 with a mean age of 40.3 (S.D. 11.6). All subjects lived in the community, five subjects were single, one married, one divorced and one widowed. Five subjects had no further education, one had less than two years, one more than two years and one did not specify.

All subjects had been attending community social work services for either group (five) or individual (three) treatment in two cities in Scotland. Time in treatment ranged from one month to one year. Three sex offenders had been charged with lewd and libidinous behaviour, three with indecent assault, one had charges of breach of the peace and indecent assault and the remaining subject was charged with two incidents of indecent exposure. Sentences ranged from one year to three years probation. Two subjects had histories of indecent assault and one had lewd and libidinous behaviour. Two subjects had a history of breach of the peace, one had a history of alcohol related offences and one of theft. Three of the subjects had previous involvement with services regarding their sexual offending behaviour.

The study initially planned to recruit sex offenders without learning disabilities prior to treatment for this comparison group. However there were insufficient 'new' sex offenders (i.e. sex offenders who had recently offended and not started treatment programmes), therefore prison and other probation services were approached to try to recruit sex offenders already in treatment. Unfortunately, access was declined for prison services and some probation services (see correspondence in Appendix V). Due to time restrictions only eight subjects were recruited, a further five sex offenders did not return the questionnaires. No test re-test data was collected for this group due to restrictions in time and lack of participation from subjects. For ease of reference this group will be 'Sex offender controls'.

iii.) Group comparisons of demographic variables.

In order to determine the homogeneity of the samples, groups 1, 2 and 3 were compared using ANOVA to assess whether there were any significant differences in age. No significant differences were found between the groups ($F=1.296$; $df=2$; NS). Therefore it is unlikely that any differences which are found between the groups are due to differences in age. Group 4 was excluded from this comparison due to the low number of subjects.

Groups 1 and 2 were compared using an independent t-test to assess whether there were any significant differences in IQ. No significant differences were found between the groups ($t= 1.58$; $df=34$; NS). Therefore it is unlikely that any differences which may be found between groups 1 and 2 are due to differences in IQ. Therefore it is assumed that the groups are relatively homogeneous for age (groups 1, 2 and 3) and IQ (groups 1 and 2).

B.) Measures

i.) Questionnaire on Attitudes Consistent with Sex Offending (QACSO) designed for sex offenders with learning disabilities.

This measure was initially developed in the department by Lindsay & Marshall in 1990 and later modified by Lindsay and colleagues. The measure consists of a number of sexual attitudes and beliefs which have been identified in the earlier literature as being anti-social in nature and possibly consistent with sexual offending behaviour. Questions were taken and modified from Abel & Becker's Cognition Scale, (1984), Burt's Rape Myth Acceptance Scale, (1980) and from pilot work with the learning disability population in the department.

The questionnaire consists of 91 items which were divided into six sub-sections: rape and attitudes towards women; voyeurism; exhibitionism; dating abuse; homosexual assault and paedophilia. This format was chosen so that a subjects' attitudes towards a number of sexual offences could be obtained, hence covering the majority of offences likely to be committed by the subjects. This method, in theory should allow for discrimination between different types of sex offenders. Each sub-section contains questions which relate to three main themes of intent, responsibility and victim awareness. Subjects attitudes towards these themes are thought to be important when assessing risk of re-offending and are often included in other questionnaires used to assess offenders who do not have a learning disability. Some of the themes are further

divided into sub-themes, for example the theme of responsibility is divided into 'personal' responsibility (blame or force) and 'other' responsibility (blame, lying or provoking). This sub-division allows more detailed information to be collected for clinical purposes and could provide indicators for treatment focus.

Readability statistics were administered, the questionnaire has a Flesch Reading Ease score of 84.5 out of 100, a Gunning's Fog index of 7.8 and a Flesch-Kincaid score of 5.2 which indicates that it is easy to read and understand.

The QACSO has two formats (type 1 & 2) and was completed by all subjects. Type 1 was developed for use with subjects with learning disabilities and included concepts which had to be defined at the beginning of some sections to check that individuals understood the meaning of certain words before administering the questionnaire, for example, "What does it mean to be raped?" and "What does masturbation mean?". Questions were used flexibly if the individual gave ambiguous answers, however care was taken not to alter the meaning of the question. Type 2 for individuals without learning disabilities did not include the conceptual definitions but did include response boxes and demographic detail questions.

The responses of 'yes', 'no' and 'don't know' were scored by assigning a score of '2' for an anti-social attitude i.e. socially inappropriate answer, '1' for a don't know response and '0' for a socially acceptable response. The scores were then totalled for each sub-section and an overall total score could then be obtained by combining the

total sub-section scores. Hence, the higher the score the more socially unacceptable the responses were. Copies of the questionnaires (type 1 & 2) and scoring criteria can be found in Appendix I.

ii.) Personal Information Questionnaire (PIQ).

This measure was constructed by the author to provide an indication of response bias. It consisted of nineteen questions which were divided into two subscales. The social desirability subscale (Soc Des) consisted of eight Lie Scale items from the Eysenck-Withers Personality Inventory (Eysenck, 1966) and two items from the Marlowe-Crowne Social Desirability Scale (Crowne-Marlowe, 1960). The Soc Des subscale items were 1, 2, 4, 6, 7, 10, 13, 16, 18, and 19. Some of these items were modified to aid understanding. The acquiescence/inconsistency of responding subscale (ACQ/I) consisted of five simple questions (items 3, 8, 11, 14 and 17) designed to have a correct answer, for example, "Do you live in Scotland ?" and two logically opposite paired questions (items 5, 9, 12 and 15), for example, 'Do you enjoy going to the pictures ?' and 'Do you find going to the pictures boring ?'. The items from the two subscales were interspersed to form one questionnaire. Gudjonsson, (1986) found this procedure useful when measuring both acquiescence and socially desirable responding in a non learning disabled population.

The subject was asked to respond by answering 'yes' or 'no'. The social desirability subscale items were scored '1' for a socially desirable answer and '0' otherwise. The ACQ/I subscale items were scored as follows: the five consistency of responding questions were scored '1' for an incorrect response and '0' otherwise and; the logically opposite question pairs were compared and a score of '1' was assigned if an individual responded inconsistently in the pair and a score of '0' if the two responses were consistent. Therefore, the higher the scores on the two subscales the more the individual would be deemed as responding in a socially desirable way or as responding in an inconsistent manner respectively. See Appendix II for copy of PIQ.

iii.) Vignettes

The vignettes were designed by the author to provide a measure of concurrent validity and reliability for the QACSO for use with people with learning disabilities. This measure was designed to assess a small number of 'new' sex offenders in group 1 who had recently offended and all group 2 subjects. The vignettes were used to provide a comparison between how an individual responded on the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) and their responses when presented with similar questions, a story and a visual cue to aid understanding of the concepts for individuals with learning disabilities.

Two vignettes were developed using a short story and a slide. The vignettes consisted of questions which were asked in conjunction with a slide. The majority of the questions mirrored the 'Rape and Attitudes Towards Women' and 'Paedophilia' sections on the QACSO. Two further questions were added to both vignettes whose purpose was to establish the participants view of why the offence took place and who was to blame for the act. These questions were not included in the scoring and will be reported qualitatively in the results section.

The rape vignette comprised of a short story about a woman who was assaulted by a man in a park. The slide depicted a scene of a fully clothed woman being pushed onto the ground by a fully clothed man in a park. The paedophilia vignette described a man reading a story to a young female child at bedtime, followed by the man sexually abusing the child in bed. The slide depicted a man reading a story to a young girl. The slides were selected from the 'Sex education for persons with special needs' package (Kempton, 1988).

The vignette scoring system mirrored the QACSO in that a score of '2' was given for a socially undesirable (anti- social) response, '1' for a don't know response and '0' for a socially acceptable response. Copies of both vignettes are in Appendix II.

iv.) Specific Offence Questionnaire (SOQ)

This measure was constructed by the author to provide another measure of concurrent validity for the QACSO. The questionnaires were used to investigate the difference, if any, between an offenders general attitudes about sex offending behaviour and the attitudes they may have regarding their own offending behaviour.

The six Specific Offence Questionnaires consisted of similar questions to the relevant sub-sections of the Questionnaire on Attitudes Consistent with Sex Offending (QACSO). The questionnaires were designed to prompt the sex offenders to think about their own specific offending behaviour by using details of their index offence. Questions were used flexibly and altered slightly if needed to fit the specific offence circumstances. Sex offenders in group 1 were administered the questionnaire by the present author which fitted closest to their index offence.

Responses were scored as on the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) a score of '2' represented a anti social response, '1' for a don't know response and '0' for a socially acceptable answer. As before the higher the score the more socially unacceptable the responses. Copies of all questionnaires are in Appendix II.

v.) Causal Attribution Questionnaire (Form A & B)

This measure was used to assess a sex offenders' attributions for their offending behaviour. The 12 item questionnaires were developed by modifying an existing nine item questionnaire developed by McKay et al, (1996). McKay's questionnaire was developed for use with offenders without learning disabilities in New Zealand prisons. The internal reliability for each dimension in the original McKay scales ranged from .91 to .98. Modifications were made by the author to make the questionnaire easier to understand so that it could be used with sex offenders with learning disabilities. Questions were re-worded and offenders were asked to think about the feeling they had when they offended rather than the cause of their offending behaviour as in McKay's questionnaires. The concept of 'cause' was considered to be too complex for individuals with learning disabilities.

The measure consisted of twelve questions which fell into the four attributional dimensions of locus, stability, controllability and responsibility. Each dimension was measured by using three similar questions to provide a measure of reliability. A five point likert scale was used and the scores on each dimension ranged from a possible 3 at the external locus, unstable, uncontrollable and victim responsibility end to a possible maximum of 15 at the internal locus, stable, controllable and personal responsibility end.

The questionnaire was presented in two forms, form A asked the offender to answer the questions when thinking about their offending behaviour at the time of their index offence (specific). Form B asked the offender to answer the same questions in relation to thinking about offending behaviour in a hypothetical scenario similar to the circumstances of their index offence. The two forms were developed so that attributions in specific and hypothetical situations could be investigated in sex offenders with learning disabilities. Sex offenders without learning disabilities were administered Form A only. Copies of both forms and instructions for administration are in Appendix II.

vi). Intellectual Assessment- Wechsler Adult Intelligence Scale-Revised (WAIS-R)

All subjects with learning disabilities were assessed using this scale to provide an indication of their intellectual abilities. The majority of subjects had been previously tested. The short form of the WAIS-R was used to provide an estimate of intellectual level for seven individuals who had not offended sexually and had no recent intellectual assessment.

C.) Procedure

i). Administration of measures

All participants were either given or read participant information sheets and asked to complete consent sheets stating that they understood that participation was voluntary and withdrawal from the project could be made at any time. Subjects were informed that their responses would be confidential and were encouraged to ask questions. Sex offenders without learning disabilities were also asked to complete offence detail forms. Demographic information was collected from participants and case notes.

Differing measures were administered depending on group membership. The procedure will be described by group see table 3.2 for a summary of the procedure.

Group 1: Male sex offenders with a learning disability.

Assessments were carried out by the present author or supervisor using the Questionnaire on Attitudes Consistent with Sex Offending (QACSO, Type 1), prior to starting an open cognitive behavioural group. Offenders were assessed individually in a semi structured interview which lasted about an hour. Where possible the QACSO was administered again one month later, but before onset of treatment to provide test re-test reliability data.

All sex offenders were administered the Questionnaire on Attitudes Consistent with Sex Offending (before treatment) and the Personal Information Questionnaire (six subjects were assessed before treatment, nine were in treatment and two did not complete it).

A small number of 'new' sex offenders (i.e. recent offenders who had not begun treatment) were also assessed using the Causal Attribution Questionnaires (four), Vignettes (four), and the Specific Offence Questionnaire (five) pertaining to their index offence. The vignettes were administered with the four 'new' offenders by story only as a slide projector was unavailable.

Limited data was collected on the additional measures due to the small number of 'new' sex offenders since their addition and the restrictions of time and access for four of the new offenders who were assessed in prison.

A cohort of nine sex offenders who were attending the treatment group as part of a probation order and had already been assessed prior to starting treatment were reassessed using the Questionnaire on Attitudes Consistent with Sex Offending, the Personal Information Questionnaire, the Causal Attribution Questionnaire (Forms A and B) and the Specific Offence Questionnaire pertaining to their index offence. These individuals had been attending the group for treatment for a mean of 9.78 months (range 7 to 12 months). It was hoped that this information would provide some validity data.

Group 2: Learning disability controls.

Individuals were administered the Questionnaire on Attitudes Consistent with Sex Offending (type 1), the Personal Information Questionnaire, and the Vignettes in a semi structured interview which lasted about an hour. The vignettes were administered by slide with eight individuals and story only with nine individuals when the slide projector was unavailable. Two individuals did not complete the vignettes. After one month the Questionnaire on Attitudes Consistent with Sex Offending was re-administered in a second interview which lasted about fifty minutes.

Group 3: Normal controls.

Subjects were asked to complete the Questionnaire on Attitudes Consistent with Sex Offending (type 2) and the Personal Information Questionnaire independently and return them in a stamped addressed envelope. After one month subjects were asked to complete the QACSO again to provide data for test re-test reliability.

Group 4: Sex offender controls.

Subjects who agreed to participate were given the Questionnaire on Attitudes Consistent with Sex Offending (type 2), the Personal Information Questionnaire and the Causal Attribution Questionnaire (Form A) to complete independently and return by post. It was not possible to complete the Specific Offence Questionnaire and the test re-test QACSO data as planned due to time restrictions and/or lack of participation from subjects once access was granted.

Due to small numbers in this group, the data will not be included in the main analyses, but will be analysed separately and presented in Results 11.

Table 3.2 : Summary of procedure.

Measure	Sex offenders LD (group 1)	LD controls (group 2)	Normal controls (group 3)	Sex offender controls (group 4)
QACSO- time 1 (baseline/prior to treatment)	17	19	36	none
QACSO- time 2 re-test (1 month interval)	16	17	16	none
QACSO- time 3 (during treatment)	9	N/A	N/A	8
Personal Information Questionnaire	15	19	35	8
Vignette (Rape)	3	17	N/A	N/A
Vignette (Paedophilia)	4	17	N/A	N/A
Specific Offence Questionnaire (Rape)	4	N/A	N/A	none
Specific Offence Questionnaire (Exhibitionism)	2	N/A	N/A	none
Specific offence Questionnaire (Paedophilia)	7	N/A	N/A	none
Causal Attribution Questionnaire (form A)	13	N/A	N/A	8
Causal Attribution Questionnaire (form B)	11	N/A	N/A	N/A

ii). Revision of the Questionnaire on Attitudes Consistent with Sex Offending (QACSO).

The original QACSO was assessed for reliability and the validity of both individual items and overall scale. Item analyses were carried out by the present author on test data (time 1) from subjects in groups 1, 2 and 3 using Cronbach alpha (α) and Chi-square (X^2) to establish item and scale reliability and discriminant group validity of the items (see Results 1, tables 4.1 to 4.6 and Appendix III).

Items were rejected on the basis of one or more of the following criteria:

- a.) if the item does not discriminate between the groups (using Chi-square), hence exhibiting insufficient validity.
- b.) if the item has low corrected item sub-section total correlation and the value of Cronbach alpha increases if the item is deleted.
- c.) on testing the learning disability groups had difficulty understanding the question.
- d.) on testing the item or scoring criteria was ambiguous, as identified on visual inspection of the chi-square analyses.

However, if some items discriminated well but had a low item corrected correlation these items would be retained. Similarly, if some items discriminated the learning disability groups from normal controls these would also be retained. These questions may indicate a lack of sexual knowledge which has been identified in the earlier literature as contributing in some circumstances to the aetiology of sex offending behaviours. A few items in the Homosexual Assault sub-section were retained even though they appeared to show higher discrimination for the learning disability control group. A number of hypotheses could explain this finding such as, an increased lack of sexual knowledge in the learning disability control group, an isolated/over protective upbringing or a degree of normalisation of certain inappropriate homosexual practices through experiences in same sex ward environments. Therefore the results using this sub-section should be interpreted with caution. There was a tendency to be over rather than under inclusive when selecting items for the revised QACSO so that items were not rejected which may indicate at risk behaviours and attitudes. Further research with more subjects and a wider range of types of offending behaviours would help to establish the validity of the remaining items.

iii). Analysis of Data

In this study, male sexual offenders with a learning disability were compared with three groups; male non offenders with a learning disability (LD controls), male non offenders without a learning disability ('normal' controls) and male sexual offenders without a learning disability (sex offender controls). The group of sex offenders without learning disabilities were not included in the majority of statistical comparisons due to small numbers and the fact that they were all in treatment. Analyses to assess different sorts of reliability and validity were carried out with responses on the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) using the SPSS statistical package (SPSS Inc, 1993). A number of between group comparisons and item analyses were conducted on the QACSO, Vignettes, Personal Information Questionnaire using the appropriate parametric and non parametric statistical tests. Group 1 subjects' responses on the QACSO were compared before and during treatment to provide a further measure of validity. A number of comparisons and investigations were carried out using the Causal Attribution Questionnaires for groups 1 and 4. Data for the Specific Offence Questionnaires for group 1 are presented graphically rather than statistically due to the small number of subjects.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

The results will be reported in relation to two main aims of this study :-

a.) the establishment of the psychometric properties of the Questionnaire on Attitudes Consistent with Sex Offending (QACSO).

b.) the investigation of causal attributions of sex offenders.

The reliability and validity of the QACSO will be assessed by hypotheses 1 to 11. Group 4 (sex offenders without learning disabilities) analyses and comparisons are reported in Results 11 only, therefore when the term 'sex offenders' is used in Results 1 to 10 this only refers to the sex offenders with learning disabilities (group 1).

Results 1 : QACSO item analyses.

Hypothesis 1: the QACSO will have adequate internal scale reliability.

To investigate hypothesis 1 item analyses were conducted on all items by questionnaire sub-sections and on the total questionnaire items using Cronbach alpha (α) to assess internal scale reliability. Chi square analyses (X^2) were conducted on all questionnaire items to assess the responding patterns of groups 1, 2 and 3 (discriminant group validity). See Appendix III for Chi square item analyses for all

items. Tables 4.1 to 4.6 show reliability and validity results reported by questionnaire sub-section for all subjects in groups 1, 2 and 3.

Items which were rejected will also be reported here. These items were rejected on the basis of one or more of the following criteria:

- a.) if the item does not discriminate between the groups (using Chi-square), hence exhibiting insufficient validity.
- b.) if the item has low corrected item sub-section total correlation and the value of Cronbach alpha increases if the item is deleted.
- c.) on testing the learning disability groups had difficulty understanding the question.
- d.) on testing the item or scoring criteria was ambiguous, as identified on the visual inspection of the chi-square analyses.

Exceptions to these criteria are stated earlier in the method under the revision of the QACSO section.

Table 4.1: Rape and Attitudes to Women sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination between groups	Revised Total Item Correlation	Revised Alpha if Item Deleted
1b	.46	.78	*	.62	.86
1c	.31	.79	*	.46	.86
2a	.42	.78	*	.49	.86
2b	.63	.77	*	.70	.85
3a	.52	.77	*	.46	.86
3c	.49	.78	*	.58	.86
5a	.65	.77	*	.56	.86
6	.50	.78	*	.63	.85
7a	-.16	.81	*	.37	.87
7b	.53	.77	*	.67	.85
9b	.29	.79	*	.39	.87
10a	.36	.79	*	.37	.87
12b	.10	.80	*	.30	.87
13	.59	.77	*	.64	.85
14	.11	.79	*	.42	.86
15	.29	.79	*	.32	.87
Rejected Items					
1a	.05	.80			
3b	.42	.78	*		
4a	.42	.78			
4b	.38	.78			
5b	.28	.79	*		
8	.11	.80			
9a	.23	.79			
10b	.30	.79			
11	.43	.79	*		
12a	-.23	.82			

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.1 shows that 16 items were found which fulfilled the criteria mentioned in the method. The internal reliability for these items gave an α of .87 as compared with .79 for the original 26 items. As identified by the bold type the most discriminating items for the sex offending group were 1b, 3c, 7a, 12b and 14. See Appendix III for table of criteria on which items were rejected.

Table 4.2: Voyeurism sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination between groups	Revised Total Item Correlation	Revised Alpha if Item Deleted
3b	.51	.76	*	.55	.64
4	.40	.77	*	.39	.70
6	.49	.76		.53	.64
8	.50	.76	*	.51	.65
9b	.51	.76		.39	.70
Rejected Items					
1	.26	.78	*		
2a	.47	.76	*		
2b	.63	.74	*		
3a	.34	.77			
5	.30	.78	*		
7	-.06	.81	*		
9a	.55	.75			
10	.46	.76	*		

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.2 shows that 5 items were found which fulfilled the criteria mentioned in the method. The internal reliability for these items gave an α of .71 as compared with .78 for the original 13 items. As identified by the bold type the most discriminating items for the sex offending group were 3b, 6 and 8. Note that Question 3b should be reworded to incorporate Question 3a to read "If a woman has a big pair of boobs is it right to have a good look ?" as 3a was rejected as it did not discriminate between the groups but is required to make question 3b explicit. See Appendix III for table of criteria on which items were rejected.

Table 4.3 Exhibitionism sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination between groups	Revised Total Item Correlation	Revised Alpha if Item Deleted
2a	.32	.77	*	.31	.78
2b	.35	.77		.34	.78
3a	.52	.75	*	.52	.76
3b	.54	.75	*	.55	.75
4a	.63	.74	*	.64	.74
4b	.66	.74	*	.69	.73
5	.33	.77	*	.36	.77
6a	.41	.76	*	.36	.78
6b	.16	.79	*	.17	.80
7	.57	.75	*	.53	.75
Rejected Items					
1a	.09	.79	*		
1b	.27	.78			
8	.35	.77	*		

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.3 shows that 10 items were found which fulfilled the criteria mentioned in the method. The internal reliability for these items gave an α of .78 as compared with .78 for the original 13 items. As identified by the bold type the most discriminating

items for the sex offending group were 5, 6a and 6b. See Appendix III for table of criteria on which items were rejected.

Table 4.4: Dating Abuse sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination Between groups	Revised Total Item Correlation	Revised Alpha if Item Deleted
1	.23	.74	*	.22	.78
2	.23	.73		.21	.77
3	.42	.70	*	.41	.74
4	.52	.69	*	.52	.72
5b	.56	.69	*	.54	.72
6	.62	.67	*	.66	.69
7a	.40	.71	*	.44	.74
7b	.69	.66	*	.72	.68
Rejected Items					
5a	.16	.74			
8	.08	.75			

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.4 shows that 8 items were found which fulfilled the criteria for item retention. The internal reliability for these items gave an α of .76 as compared with .73 for the original 10 items. As identified by the bold type the most discriminating items for the

sex offending group were 1, 3, and 5b. See Appendix III for table of criteria on which items were rejected.

Table 4.5: Homosexual Assault sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination between groups	Revised Item Total Correlation	Revised Alpha if Item Deleted
3	.23	.61		.32	.69
4a	.24	.61	*	.27	.70
5	.45	.56	*	.42	.67
6	.44	.57	*	.44	.67
7a	.31	.59	*	.41	.67
7b	.39	.58	*	.41	.67
8	.37	.58	*	.47	.66
9	.20	.61	*	.28	.69
10	.38	.59		.39	.68
Rejected Items					
1	.29	.60			
2	-.10	.67			
4b	.15	.62			

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.5 shows that 9 items were found which fulfilled the criteria for item retention. The internal reliability for these items gave an α of .70 as compared with .62 for the original 12 items. As identified by the bold type the most discriminating items for the sex offending group were 7a, 7b, 8 and 9. See Appendix III for criteria on which items were rejected.

Table 4. 6: Paedophilia sub-section item analysis.

Question Number	Original Item Total Correlation	Original Alpha if Item Deleted	Item Discrimination between Groups	Revised Item Total Correlation	Revised Alpha if Item Deleted
1	.42	.84	*	.42	.85
2	.59	.83	*	.62	.83
3a	.58	.83	*	.60	.84
3b	.69	.82	*	.71	.83
5a	.26	.84	*	.25	.85
5b	.40	.84	*	.36	.85
6	.50	.84	*	.49	.84
8	.63	.83	*	.61	.83
9	.40	.84	*	.41	.85
10a	.41	.84	*	.40	.85
11a	.33	.84	*	.33	.85
11b	.50	.83	*	.47	.84
12	.64	.83	*	.64	.83
13a	.40	.84	*	.39	.85
13b	.50	.83	*	.52	.84
Rejected Items					
4	.26	.84	*		
7	.09	.86	*		
10b	.45	.84	*		

Key : * = significant difference ($p < 0.05$) between groups in responses to item X^2 , see Appendix III.

Items in bold type represent items that appear, on visual inspection, to discriminate most strongly between sex offending and control groups.

Table 4.6 shows that 15 items were found which fulfilled the criteria for item retention. The internal reliability for these items gave an of α .85 as compared with .85 for the original 18 items. As identified by the bold type the most discriminating items for the sex offending group were 3b, 5a, 5b, 8, 11b, 12, 13a, and 13b. See Appendix III for criteria on which items were rejected.

Following revision the overall QACSO Cronbach Alpha was .95 (63 items) as compared with .93 (91 items) for the Original Questionnaire. Tables 4.1 to 4.6 show that the QACSO sub-sections have good internal reliability and that the majority of items fulfilled the criteria mentioned in the method and some items discriminated the sex offending group from the control groups. This provides support for hypotheses 1. See general discussion for examples of items which were rejected.

The rejected items were removed from further analysis and the remaining results are reported for the revised Questionnaire (QACSO).

Results 2: Revised QACSO group comparisons.

To investigate hypothesis 2 Groups 1, 2 and 3 were compared on the QACSO sub-sections and the total QACSO scores (time 1) using descriptive statistics, ANOVA and post-hoc tests.

Hypothesis 2: The sex offenders (group 1) will score significantly higher than control groups on the QACSO sub-sections and the QACSO total scores (discriminant group validity).

Table 4.7: Group Comparisons for descriptive statistics and analysis of variance on the Revised QACSO sub-section and overall total scores (groups 1, 2, and 3).

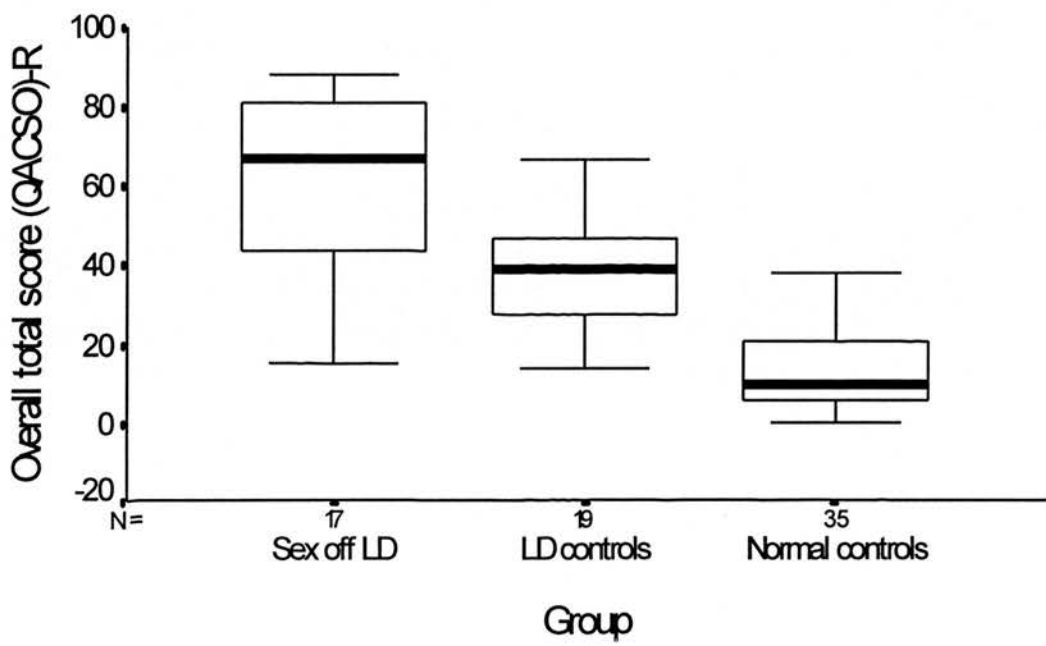
Questionnaire Section	Sex Offenders LD N=17	LD Controls N=19	Normal Controls N=36	F (df=2)
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	
Rape (max. score 32)	15.88 _a (6.51)	9.68 _b (4.35)	1.53 _c (1.66)	79.09**
Voyeurism (max. score 10)	6.12 _a (3.26)	4.11 _b (2.83)	2.53 _b (2.31)	10.43**
Exhibitionism (max. score 20)	9.65 _a (4.81)	5.89 _b (4.95)	3.86 _b (3.09)	11.65**
Dating Abuse (max. score 16)	6.94 _a (4.97)	4.74 _b (2.98)	1.14 _c (1.42)	23.19**
Homosexual Assault (max. score 18)	8.50 _a (2.68)	6.32 _b (3.93)	2.26 _c (2.29)	29.00**
Paedophilia (max. score 30)	14.12 _a (6.94)	8.32 _b (4.50)	2.34 _c (2.60)	41.12**
QACSO Total Score (max. score 126)	60.71 _a (23.08)	39.05 _b (15.58)	13.54 _c (9.37)	57.54**

Note : ** indicates $p < 0.001$ (1 tailed)

subscripts a, b, c - within a row, values with different subscripted letters are significantly different ($p < 0.05$) from each other, as determined by post-hoc tests (Student-Newman-Keuls)

The ANOVA results show that there were significant differences between groups on all sub-sections of the QACSO. The mean scores and post-hoc tests show that the sex offenders (group 1) responded significantly more socially inappropriately to questions on the QACSO than did groups 2 and 3 on all sub-sections and on the overall total scores. The learning disability control group (2) responded significantly more socially inappropriately to questions than the normal controls (group 3) on four of the sub-sections (rape, dating abuse, homosexual assault and paedophilia) and also on the overall QACSO scores. These results provide support for hypothesis 2.

Figure 4.1: Box plot of Total QACSO scores



The box plot of the QACSO total scores above shows the median score (black line), the middle 50% of the cases (box) and the range of scores (extended lines) for groups 1, 2 and 3. The figure shows that the majority of the sex offender group (1) scored more socially inappropriately on the QACSO than groups 2 and 3. The box shows that there is more variability in 50% of the sex offenders scores and that their range of scores is wider than in groups 2 and 3.

Figures 4.2 to 4.7 show box plots of the scores on the QACSO sub-sections for groups 1, 2 and 3 (see Appendix IV). Figures 4.2 to 4.7 all show that sex offenders (group 1) score more socially inappropriately than groups 2 and 3. Figures 4.2 and 4.7 (Rape and Paedophilia sub-sections) indicate that there is more variability in 50% of the scores and that there is a wider range of scores in the sex offender group on these two sub-sections when compared with the groups 2 and 3. There is a similarly wide range of scores (shown by vertical lines) for both the sex offending group (1) and the learning disability control group (2) for the Voyeurism and the Exhibitionism sub-sections (see figures 4.3 and 4.4). There is more variance in 50% of the subject scores in the learning disability control group (2) for the Exhibitionism sub-section (see figure 4.4 in Appendix IV).

The learning disability control group (2) scores span a wider range than groups 1 and 3 on the Homosexual Assault sub-section (see figure 4.6). In figure 4.5 both the range of scores and the variance of 50% of the subjects' scores is larger for the sex offender group (1) on the Dating Abuse sub-section.

Results 3: Revised QACSO test re-test reliability.

Hypothesis 3: Test re-test reliability of responses on the QACSO will be satisfactory.

In order to investigate this hypothesis Spearman's rank correlation co-efficients were used to obtain test re-test reliability on the Revised QACSO (approximately one month interval). This correlational method was used to take into account group 3's low and skewed scores.

Table 4.8: Test re-test reliability Spearman's rank correlation co-efficients.

Questionnaire Section	Sex Offender LD	LD Controls	Normal Controls
Rape	.669* n=16	.481* n=17	.312 n=16
Voyeurism	.668* n=16	.810** n=17	.663* n=16
Exhibitionism	.896** n=16	.805** n=17	.852** n=16
Dating Abuse	.798** n=16	.577* n=17	.588* n=16
Homosexual Assault	.557* n=15	.807** n=17	.797** n=16
Paedophilia	.726* n=16	.797** n=17	.773** n=16
QACSO-R Total	.962** n=15	.839** n=17	.899** n=16

Note: * = $p < .05$, ** = $p < .001$ (1-tailed)

The results show that test re-test reliability was acceptable for all groups on all of the QACSO sub-sections except for the Rape and Attitudes To Women sub-section which did not correlate significantly for the normal control group. On visual inspection of the data, eleven of the sixteen subjects in group 3 responses differed by one or two points on re-test. Therefore, one explanation for this finding of low reliability on this sub-section for the normal controls could be an artefact given the absolute low scores for this group on this sub-section. An alternative explanation could be that the questions in the rape sub-section did not elicit strong attitudes in this group and therefore they may be more susceptible to change. The reasons for this are unclear. This suggests that the normal controls' responses on the QACSO Rape and Attitudes to Women sub-section should be interpreted with caution. It should also be noted that the total number of subjects differs on the sex offender group (1) test re-test analyses as one subject refused to answer questions in the Homosexual Assault sub-section. On the whole, these findings indicate that the data for all groups except for the normal controls on the Rape sub-section of the QACSO provide support for hypothesis 3.

Results 4: Revised QACSO sub-section and total score correlations.

Hypothesis 4: The correlations between the total sub-section scores on the QACSO will correlate positively with each other and with the overall total score.

In order to test the validity of the QACSO as a whole scale Spearman rank correlation co-efficients were used to correlate the sub-section total scores with each other and the overall total QACSO scores.

Table 4.9 : Spearman rank correlation coefficients (ρ) of sub-section total scores and total QACSO scores.

Rape	.88*					
	(n=71)					
Voyeurism	.76*	.55*				
	(n=71)	(n=72)				
Exhibitionism	.77*	.57*	.61*			
	(n=71)	(n=72)	(n=72)			
Dating Abuse	.71*	.66*	.46*	.41*		
	(n=70)	(n=71)	(n=71)	(n=71)		
Homosexual Assault	.83*	.69*	.55*	.60*	.43*	
	(n=69)	(n=70)	(n=70)	(n=70)	(n=70)	
Paedophilia	.91*	.73*	.64*	.68*	.62*	.74*
	(n=71)	(n=71)	(n=71)	(n=71)	(n=70)	(n=69)
	QACSO Total	Rape	Voyeurism	Exhibitionism	Dating Abuse	Homosexual Assault

Note: * indicates $p < 0.001$ (2-tailed)

The results indicate that all sub-section total scores correlate significantly and positively with each other and with the QACSO total score. This suggests that the sub-sections are all measuring a similar construct and that the QACSO as a whole is one scale. Therefore hypothesis 4 is supported.

Results 5: Revised QACSO treatment re-test comparison.

Hypothesis 5: The QACSO scores will be significantly lower when the sex offenders (group 1) undertake treatment.

To test hypothesis 5 paired sample t-tests were carried out for nine of the sex offenders (group 1) to compare the sub-section and overall totals on the QACSO at time 1 (before treatment) and time 3 (during treatment). The mean length of time in treatment was 9.78 months with a range of 7 to 12 months.

Table 4.10: Comparison of QACSO scores before and during treatment

Questionnaire Section	Before Treatment Mean (S.D.)	During Treatment Mean (S.D.)	t value (df)
Rape	15.00 (7.53)	8.22 (6.03)	2.79 (8)*
Voyeurism	4.89 (3.76)	2.89 (2.26)	2.12 (8)*
Exhibitionism	7.11 (4.51)	5.00 (4.12)	1.57 (8)NS
Dating Abuse	6.00 (5.57)	3.33 (2.18)	1.41 (8)NS
Homosexual Assault	7.25 (1.91)	4.00 (3.02)	2.63 (7)*
Paedophilia	10.89 (7.87)	8.67 (5.83)	.86 (8)NS
QACSO-R Total	50.33 (25.36)	32.78 (20.47)	2.22 (8)*

Note : * - $p < 0.05$ (1-tailed); NS = non significant result $p > 0.05$

The results show that sex offenders scored significantly lower on three of the six sub-sections (Rape, Voyeurism and Homosexual Assault) and on the total questionnaire score following some treatment. This indicates that the sex offenders are responding less socially inappropriately on these sub-sections following some treatment. There were no significant differences between scores on the Exhibitionism, Dating Abuse and Paedophilia sub-sections during treatment. However, all sub-section scores did in fact decrease at time 3. Therefore, partial support for the hypothesis 5 is obtained. This finding could be interpreted in a number of ways: there was insufficient time in treatment to produce other significant changes, anti-social attitudes in the three sub-sections may be more resistant to change, there were insufficient sex offenders

charged with exhibitionism or dating abuse offences and therefore one might not expect a change on these sub-sections. Nevertheless, the QACSO is sensitive to change and therefore there is some validity for using it to measure treatment process.

Results 6: Revised QACSO index offence groups sub-section comparison.

Hypothesis 6: The sex offenders cognitive distortions will be most evident in the sub-sections which relate most closely to their index offence, hence providing validity for the QACSO.

To test this hypothesis the sex offenders were grouped by their index offence type, “Offenders against children” included all sex offenders with lewd and libidinous or child rape charges. “Offenders against women” included sex offenders with rape, attempted rape, sexual harassment and sexual assault charges. Statistical analysis was not carried out due to the small number in each offence type group. Alternately, the mean percentage scores on the QACSO sub-sections at time 1 (before treatment) were calculated to compensate for the differing number of items in each sub-section on the QACSO. Two sex offenders with indecent exposure charges will be examined separately below.

Table 4.11 : Mean percentage scores for sex offenders (group 1) on the QACSO.

	Offenders Against Children (n=10)	Offenders Against Women (n=5)
Questionnaire Section	Mean % Score	Mean % Score
Rape	48.8	47.5
Voyeurism	31.0	31.0
Exhibitionism	48.0	41.0
Dating Abuse	39.4	43.8
Homosexual Assault	43.3	50.0
Paedophilia	49.3	38.6

On visual inspection, the table shows that within each type of offender group the ‘offenders against children’ scored highest on the paedophilia sub-section closely followed by the rape and exhibitionism sub-sections. Whereas, the ‘offenders against women’ scored highest on the homosexual assault sub-section and then on the rape sub-section. Therefore, there is partial support for hypothesis 6 as the offenders against children score highest on the sub-section which relates to their index offence.

When comparing the two type of offenders both scored similarly on the rape and voyeurism sub-sections. The ‘offenders against women’ scored higher on the dating abuse and homosexual assault sub-sections and the ‘offenders against children’ scored higher on the exhibitionism and paedophilia sub-sections. Both the offenders against children and women appear to have equally socially inappropriate attitudes towards women and rape. Whereas, child sex offenders seem to have more anti-social

attitudes towards offending behaviour with children (paedophilia sub-section) than the sex offenders who involved with women.

One subject whose previous sexual offending behaviour (adult rape) differed from their index offence (with children) actually fits into both subtypes. Therefore, there is a small amount of overlap between the groups for type of offender which may have influenced the findings slightly.

Table 4.12: Comparison of QACSO percentage section scores for two sex offenders charged with indecent exposure.

Questionnaire Section	Subject 14 (Mean % score)	Subject 17 (Mean % score)
Rape	56.3	62.5
Voyeurism	70.0	40.0
Exhibitionism	75.0	60.0
Dating Abuse	62.5	62.5
Homosexual Assault	66.7	55.6
Paedophilia	46.7	66.7

The table shows that subject 14 scored highest in the exhibitionism sub-section and that subject 17 scored highest in the paedophilia sub-section. These findings provide some support for hypothesis 6 as subject 17's offence involved a child while subject 14's offence involved exhibiting to an adult. However, there is some overlap between offence types as one of subject 14's previous offences was rape (female adult).

However, this is not apparent from the table as the subject scored relatively lowly on the rape sub-section when comparing the sub-section scores with each other. However, the score is nevertheless greater than fifty per cent which indicates some socially inappropriate attitudes towards rape and women. Both these subjects scored quite highly in all sub-sections of the QACSO which may indicate a possibility of other offending tendencies.

Results 7: Personal Information Questionnaire group comparisons.

The Personal Information Questionnaire (PIQ) was used to investigate whether subjects were responding in:

- a.) an acquiescent/inconsistent manner (ACQ/I subscale) and;
- b.) in a socially desirable way (Soc Des subscale).

Subjects' scores on the ACQ/I subscale, Soc Des subscale and the total PIQ were compared using one way ANOVA and post-hoc tests to test the following hypotheses:-

Hypothesis 7: Subjects' responses will not exhibit acquiescence/inconsistency of responding on the PIQ.

Hypothesis 8: Subjects’ responses will not exhibit high levels of socially desirable responding on the PIQ.

Table 4.13: Group comparisons on the Personal Information Questionnaire

PIQ Section	Sex Off LD (n=15) Mean (S.D.)	LD controls (n=19) Mean (S.D.)	Normal controls (n=35) Mean (S.D.)	F (df =2)
ACQ/I (max. score=7)	0.33 (.49)	0.37 (.68)	0.29 (.62)	0.12 NS
Soc Des (max. score=10)	4.93 _a (2.74)	2.84 _b (1.83)	1.09 _c (1.09)	25.68 **
Total PIQ (max. score=17)	5.27 _a (3.06)	3.21 _b (2.12)	1.37 _c (1.33)	20.06 **

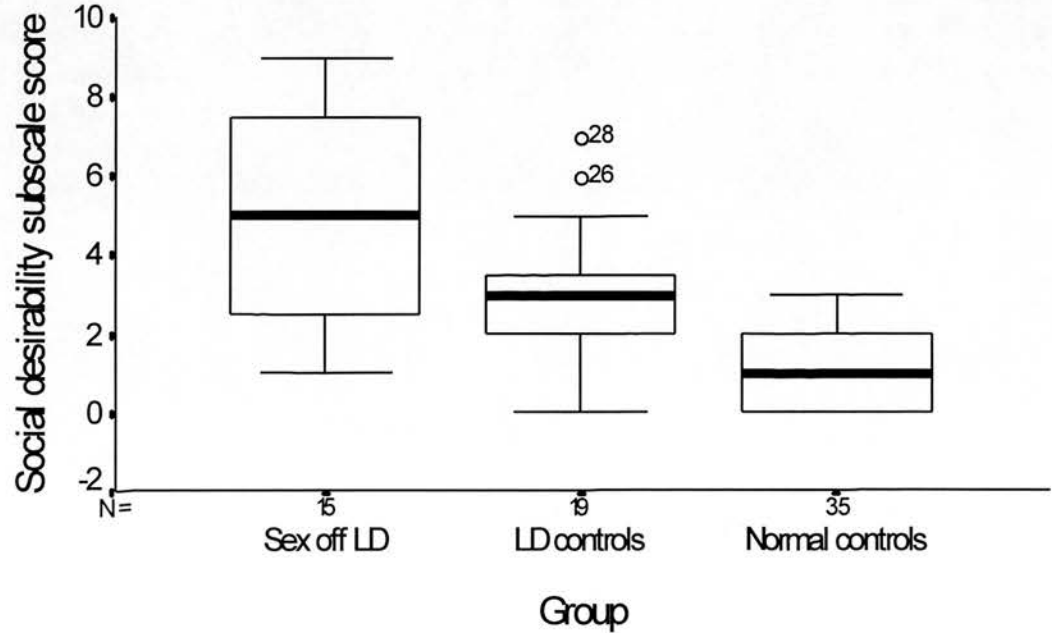
Note : ** = P<0.001 (2 tailed); NS = not significant p>0.05

subscripts a, b, c - within a row, values with different subscripted letters are significantly different (p< 0.05) from each other, as determined by post-hoc tests (Student-Newman-Keuls)

The results in table 4.13 show that there was no significant difference between groups on the ACQ/I subscale. All subjects scored low, which suggests that the subjects were responding consistently and that they were not acquiescing. Therefore, the results provide support for hypothesis 7. However, there were significant differences between the groups on the Soc Des subscale and on the total PIQ scale. The sex offenders with learning disabilities scored significantly higher than the other two groups which indicates that comparatively they had a tendency to respond in a more socially desirable way. The learning disability control group also scored significantly higher than the normal control group, although their responses were still quite low.

Although these results can not be directly compared with scores found on either the Eysenck-Withers Lie scale (Eysenck, 1966) or the Marlowe-Crowne scale (Crowne-Marlowe, 1960) it is worth noting that the mean score on the Eysenck Lie Scale for a large sample of males with learning disabilities (IQ 50 to 80) was 6.50 (S.D. 2.67). However, the total number of items on the Eysenck scale was twelve whereas there are only ten similar items on the PIQ. The results seem to suggest that the learning disability control group were scoring lower than in the Eysenck study and that the sex offending group (1) were responding in a similarly socially desirable way to the individuals in the Eysenck study. These results provide support for hypothesis 8 for groups 2 and 3 but the hypothesis is not supported for the sex offender group (1) responses.

Figure 4.8: Box plot of Socially Desirable responding subscale scores.



The box plot above shows that the normal controls did not respond in a socially desirable way on the PIQ. The learning disability controls responded in a slightly more socially desirably with two subjects scoring higher as shown by the 'o' and subject number. The sex offenders (group 1) responded more socially desirably as represented by the wider range (vertical lines) and higher median (black line). There is also a larger variance of scores within 50% of the subjects (box).

This finding may indicate that the sex offender group may also be responding in a socially desirable way on other measures including the QACSO, hence one might expect that their true scores may actually be higher on the QACSO than they actually were.

Results 8: Vignette and Revised QACSO comparisons.

Hypothesis 9: The responses on the total vignette score will correlate positively with the relevant sections on the QACSO.

Hypothesis 10 : The responses on the five individual vignette items will be concordant with the responses on the five matching items on the relevant QACSO sections.

a.) Vignette One : Rape

To assess concurrent validity for the QACSO, hypothesis 9 was tested and the total scores for the rape vignette were correlated with the Rape and Attitudes to Women sub-section (QACSO) using Spearman's rank correlation co-efficients. This procedure was used to assess whether individuals would respond similarly or differently to the QACSO questions when subsequently presented with the vignette (a visual and more personal mode of presentation of the QACSO questions). The rape vignette was completed by the learning disability control group (n=17) and three 'new' sex offenders from group 1 (prior to starting treatment). Vignette questions which matched rejected QACSO items were not included in this analysis, the revised Rape vignette consisted of seven questions (items 1a, 2, 4, 5, 7a, 8 and 9 with a total possible score of 10). Rape vignette items 5 and 7a were not included in the scoring system as these questions were additional and not present in the QACSO sub-section. Responses to these items will be reported here qualitatively.

Table 4.14 : Verbatim responses to Rape vignette item 5.

Question: - “Why do you think the man would rape the woman?”

Learning disability control group (n=17)	Sex offender LD group (n=3)
To have a baby	Just a bit of fun probably
The way he is	Nutter
Don’t know (3)	He wants to have sex
He wanted to	
He’s sick (4)	
Not getting it with anyone else	
She is attractive (2)	
If can’t get lady to go with him	
In his mind	
He needed a woman	
She led him on	

Table 4.15 : Responses to Rape vignette item 7a.

Question:- “ Who is to blame for the rape?”

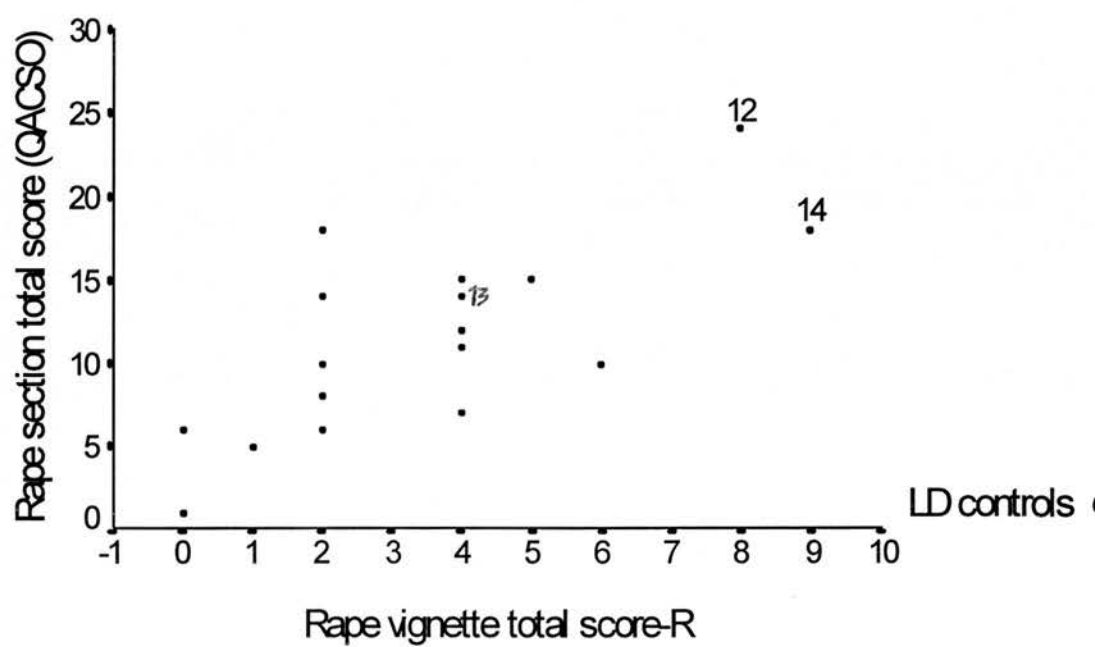
Learning disability control group (n=17)	Sex offender LD group (n=3)
The man (17)	The man (2)
	Both (1)

Note : Number in brackets represents number of subjects giving response

The learning disability control group show a range of responses to item 5, ten subjects gave offender attributions, three gave victim attributions, three did not give reasons and one gave a naive answer “ To have a baby”. All subjects in this group (2) answered appropriately to item 7a and attributed the blame to the offender. As can be seen even though there are only three subjects the sex offenders’ responses show some difference in attribution of blame and an intent of fun for one subject.

A scatterplot was used to identify any other relations, not identified in the correlations reported below.

Figure 4.9: Scatterplot of total scores on the Rape Vignette and Rape section total score on QACSO.



Note: Number indicates sex offenders by subject number.

A significant positive correlation between the total scores on the revised QACSO and the five rape vignette items was obtained using Spearman's rank correlation coefficient ($r_s = 0.710$, $n=20$, $p < 0.001$, 2-tailed). It is difficult to compare the total scores on each measure directly as their total possible scores differ. However, the scatterplot shows that the majority of subjects' responses were similarly appropriate or inappropriate as indicated by their total scores on the two measures. As can be seen two of the three sex offenders (group 1- subjects 12 and 14) scored higher than all the subjects in the learning disability group both on the QACSO Rape sub-section and on the Rape vignette. It is interesting to note that subject 12 committed an offence against a child and subject 14's index offence was indecent exposure to a woman. Subject 14 also committed rape (adult) a number of years ago. The scatterplot and significant correlation suggests that the majority of subjects' total vignette question responses were concordant with their responses on the matching QACSO Rape sub-section questions, hence providing support for hypothesis 9.

To test hypothesis 10 item analyses for the five revised items were conducted using cross tabulation tables to assess concurrent validity i.e. whether individuals responded in the same way to the QACSO and subsequent vignette presentation of the same five questions. The table below represents the percentages of concurrence between individuals' responses on the QACSO items and on the vignette items. The changes in responding patterns are also presented for those subjects who gave different responses when subsequently presented with the vignette.

Table 4.16: Patterns of responding and percentage concurrence for the Rape vignette for revised items only.

Vignette Qu. No.	QACS O Qu. No.	% concurring	% not concurring	Shift from A to		Shift from I to		Shift from DK to	
				I	DK	A	DK	A	I
1a	3a	85	15	2	0	1	0	0	0
2	11	78	22	3	0	1	0	0	0
4	10a	85	15	1	0	2	0	0	0
8	14	75	25	2	0	1	1	1	0
9	15	70	30	3	1	0	0	2	0

Note: A = Appropriate response, I = Inappropriate response and DK = Don’t Know

The results show that there is a high percentage of concurrence between the responses on the two modes of question item presentation. On the whole there were only a few changes in individuals’ responses, hence there is support for hypothesis 10. This suggests that the individuals’ responses on the QACSO rape items are concurrently valid as similar responses are given in a different measure of the same construct. This appears to be the case for individuals with learning disabilities, however there is limited data for the sex offender group (1) and therefore further testing would be required to establish that this finding is supported in the sex offending population.

b.) Vignette Two : Paedophilia

To test hypothesis 9 total scores for the Paedophilia vignette were correlated with the Paedophilia sub-section (QACSO) using Spearman's rank correlation co-efficients, to assess concurrent validity. The paedophilia vignette was completed by the learning disability control group (n=17) and four 'new' sex offenders in group 1 prior to treatment. Vignette questions which matched rejected QACSO items were not included in the analyses and the revised Paedophilia vignette consisted of eleven questions (vignette items 1, 2, 3, 4, 6, 7, 8, 9, 10 and 11), with a total possible score of 16. Items 4 and 6 were not included in the total scores as these questions were additional and not present in the QACSO sub-section. Responses to these items will be reported here qualitatively.

Table 4.17: Verbatim responses to Paedophilia vignette item 4.

Question:- “ Why do you think the man would have sex with the girl?”

Learning disability control group (n=17)	Sex offender LD group (n=4)
To rape her	Because he’s randy
Can’t find anyone else	Probably just a bit of fun
Don’t know (3)	Don’t know
Cos sick (3)	He wants to have sex with her
Not getting it with wife	
Split up with wife, had argument	
She might think it’s great, other people wouldn’t	
Off his head	
Was turned on, no sex with wife	
Nutter	
Thrill	
Needs it	
That’s bad, get into trouble with law	

Table 4.18 : Verbatim responses to Paedophilia vignette item 6.

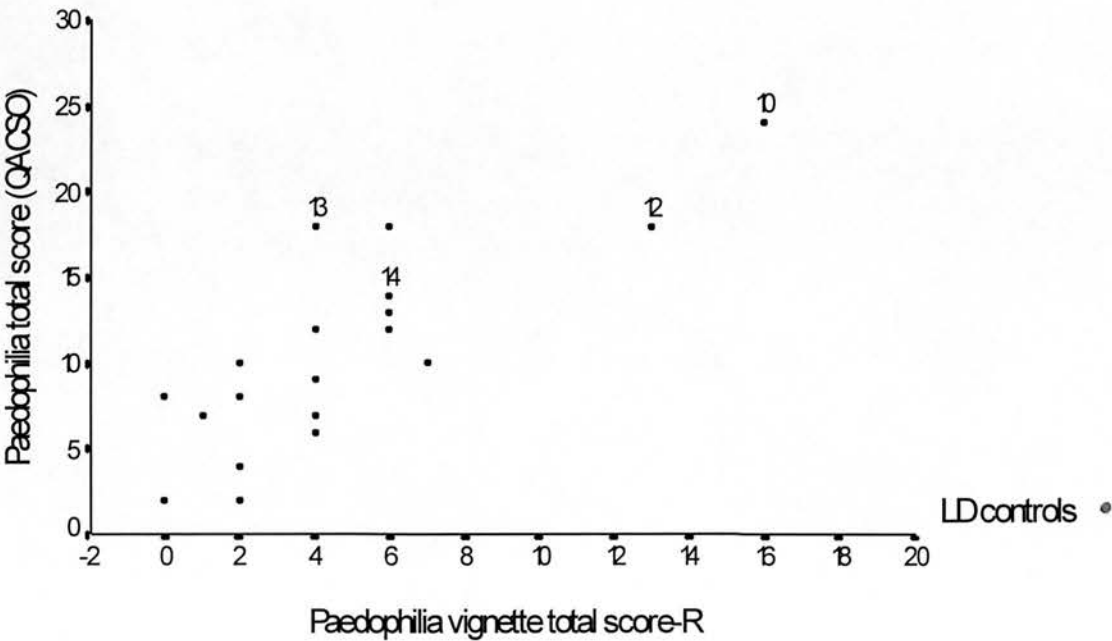
Question:- “ Who is to blame for this?”

Learning disability control group (n=17)	Sex offender LD group (n=4)
The man (17)	The man (2)
	Girl leads him on
	Both of them

Note : Number in brackets represents number of subjects giving response.

The learning disability control group show a range of responses to item 4, twelve subjects gave offender attributions, one gave victim attributions, three did not give reasons and one subject did not respond appropriately to the question i.e. “ That’s bad, get into trouble with law”. This may indicate that the subject did not understand the question or may have been shocked. All subjects in this group (2) answered appropriately to item 7a and attributed the blame to the offender. As can be seen the sex offenders’ responses denoted sexual arousal, intent of fun or sex or ‘don’t know’. Their responses to item 6 were more variable two of the four sex offenders attributed the blame to the victim.

Figure 4.10 : Scatterplot of total scores on the Paedophilia Vignette and Paedophilia section total score on QACSO.



Note: Number indicates sex offenders by subject number.

A significant positive correlation between the total scores on the revised QACSO and paedophilia vignette was obtained using Spearman's rank correlation coefficient ($\rho = 0.777$, $n=21$, $p < 0.001$, 2-tailed). Again, the scatterplot shows that the majority of subjects' total Paedophilia vignette question responses were concordant with their responses on the matching QACSO Paedophilia sub-section questions. As can be seen two of the four sex offenders (group 1) score higher than the learning disability control group on both the QACSO sub-section and on the vignette. It is interesting to note that subjects 10 and 12 both committed child related offences, whereas subjects 13 and 14 committed offences against women. Subject 13 in particular responded in a more socially appropriate way when presented with the vignette (score of 4) as compared to a score of 18 on the QACSO Paedophilia sub-section. The scatterplot and significant correlation provides support for hypothesis 9.

To test hypothesis 10 item analyses for revised items were carried out using cross tabulation tables to assess concurrent validity i.e. whether individuals responded in the same way to another presentation of the QACSO questions. The tables below represent the percentages of concurrence between individuals' responses on the QACSO items and on the subsequent Paedophilia vignette items. The changes in responding patterns are also presented for those subjects who gave different responses when presented with the vignette.

Table 4.19 : Patterns of responding and percentage concurrence for the Paedophilia vignette for revised items only.

Vignette Qu. No.	QACS O Qu. No.	% concurring	% not concurring	Shift from A to		Shift from I to		Shift from DK to	
				I	DK	A	DK	A	I
1	1	67	33	1	0	5	0	1	0
2	8	86	14	1	0	1	0	1	0
3	6	91	15	0	0	0	0	0	0
7	3a	72	28	0	0	4	0	2	0
8	2	67	33	0	0	7	0	0	0
9	10a	76	24	0	0	3	0	2	0
10	11a	62	38	0	0	6	1	1	0
11	13b	52	48	9	0	0	0	0	1

Key: A = Appropriate response, I = Inappropriate response and DK = Don't Know

The results show that there is a high percentage of agreement between the responses on the two modes of question item presentation for the majority of question items. However, there was a higher degree of inconcordant responses on items 10 and 11. On inspection of the above table it can be seen that the majority of changes in individuals' responses when presented with the vignette were from an inappropriate response to an appropriate response (shift from I to A) on vignette items 1, 7, 8, 9, and 10. There were also changes from a Don't know response to an appropriate response (shift from DK to A) on vignette items 7 and 9. Vignette item 11 was the one exception where responses changed from an appropriate response to an inappropriate response (shift from A to I). This question relates to victim awareness,

individuals who changed their responses here thought that it would take the girl less time to recover from the incident than they previously responded when asked on the QACSO.

The high percentage of concurrence between the two modes of presentation provide support for hypothesis 10. This suggests that the individuals responses on the QACSO items are valid as similar responses are given in a different measure. It may be expected that there would be some changes between responses when individuals are presented with a personal situation (vignette) rather than a more general situation (QACSO). On the whole these results suggest that a visual, concrete and more personal presentation of the questions can possibly aid understanding. An alternative interpretation would be that the visual, more personal presentation of the QACSO questions evoke socially desirable responses on some items for a few individuals. However, the majority of respondents had learning disabilities but were not sex offenders, therefore this finding would need further validation in a sex offender population.

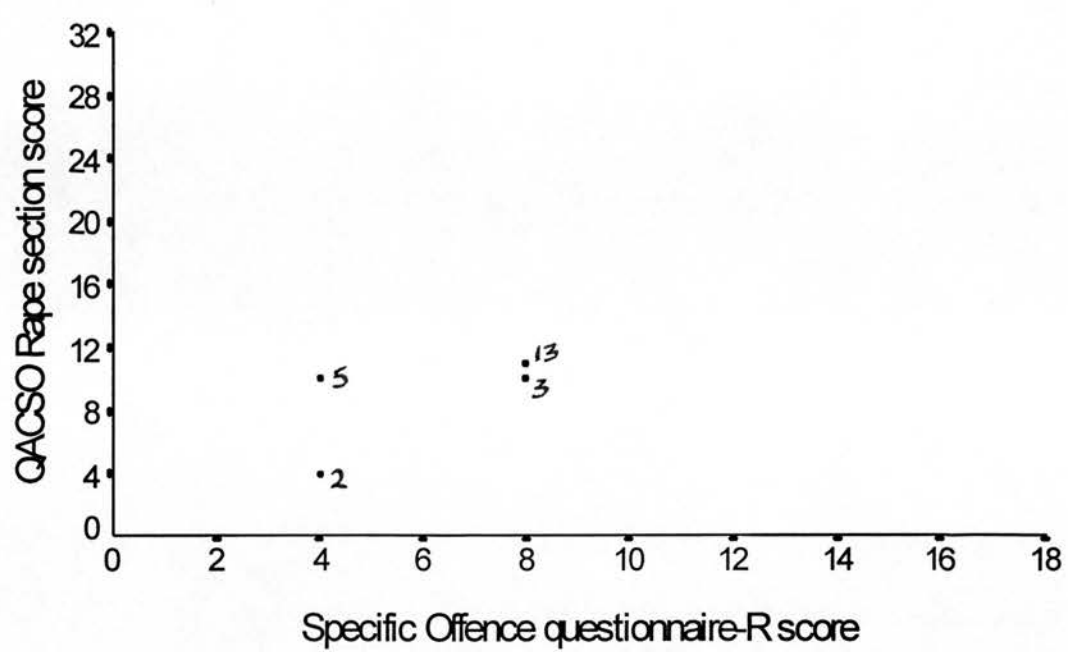
Results 9: Specific Offence Questionnaire and Revised QACSO comparisons.

Hypothesis 11: Sex offenders' (group 1) responses will be concordant when the relevant QACSO sub-section is compared with the Specific Offence Questionnaire (SOQ) relating to their index offence.

The Specific offence Questionnaires were used to provide concurrent validity for the QACSO. To test hypothesis 11 thirteen sex offenders' responses on the Specific Offence Questionnaire which depicted their index offending behaviour (specific situation) were compared with their responses on the relevant sub-section on the QACSO (general situation) at the same testing time. For example, if the subject completed the SOQ prior to treatment then the responses on the QACSO at time 1 were used as a comparison, and alternatively for those offenders who completed the SOQ in treatment their responses on the QACSO at time 3 (in treatment) were used as a comparison. The rejected matching items were not included in the comparison.

Scatterplots were used to identify the relations of the scores on the two measures. The results will be reported by type of offender (i.e. offenders against women, offenders against children and exhibitionism). Statistical analysis was not carried out due to insufficient numbers in each offence type group.

Figure 4.11: Scatterplot of Rape Specific Offence Questionnaire and QACSO Rape sub-section total scores for revised items.

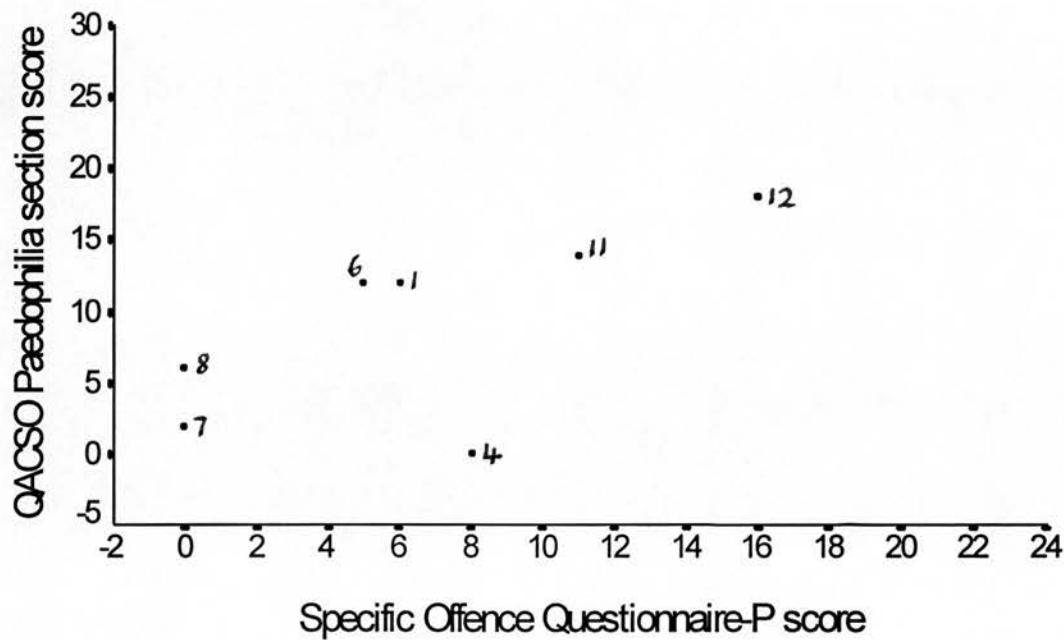


Note : Number indicates subject number
Maximum total scores for QACSO rape sub-section is 32, and 18 for the SOQ-Rape.

The scatterplot shows that three of the sex offenders’ (group 1) scores on the SOQ were concordant with their responses on the QACSO Rape sub-section (subjects 2, 3, and 13). However, subject 5 scored less anti-socially when presented with the SOQ. This measure cued the subject to think directly about their own offending behaviour by using specific details of their index offence. This suggests that for this subject general attitudes towards offending behaviours are more socially inappropriate than attitudes and thoughts which may be situation specific and prompted by thinking about their own offending behaviour. The Rape SOQ results provide support for

hypothesis 11 as three out of four sex offenders appear to respond concordantly on both the QACSO sub-section questions (general situations) and on the SOQ (specific situation). Although there are small numbers here these findings provide further concurrent validity for the use of the QACSO.

Figure 4.12: Scatterplot of Paedophilia Specific Offence Questionnaire and QACSO Paedophilia sub-section total scores for revised items



Note: Number indicates subject number
Maximum total scores for QACSO Paedophilia sub-section is 30, and 24 for the SOQ- P.

The scatterplot shows that three of the sex offenders (group 1-subjects 7, 11 and 12) responses were concordant with their responses on the QACSO Paedophilia sub-section. However, three of the sex offenders (subjects 1, 6, and 8) scored less anti-socially when presented with the SOQ which cued the subject think about their specific index offence and answer the questions. This suggests that for these subjects general attitudes towards offending behaviours are more socially inappropriate than attitudes and thoughts which may be situation specific and prompted by thinking about their own offending behaviour. These results may be suggestive of an interviewer effect in that the subjects may have been more aware of what responses may be expected in relation to their own specific offence as these issues would have been discussed in treatment. Whereas, on the QACSO the questions address the same themes but may not hold the same meaning for the sex offender due to their more general nature. Subject 4 responded more socially inappropriately when asked questions about their specific offence. This suggests that for this subject their anti-social attitudes are possibly situation specific and may be prompted by details of their offending circumstances.

The Paedophilia SOQ results provides only partial support for hypothesis 11 as three out of seven sex offenders appear to respond concordantly when their responses are compared on the QACSO sub-section total scores (general situations) and the SOQ (specific situation). Therefore, the results for these three sex offenders provide evidence of concurrent validity for the QACSO.

Comparison of responses for two sex offenders charged with indecent exposure.

Subjects 14 and 17 both scored 9 (maximum total possible score is 18) on the SOQ and 16 and 12 respectively on the Exhibitionism QACSO sub-section (maximum total possible score is 20). Therefore, both subjects scored comparatively higher when asked generally about sex offending behaviours on the QACSO. This result does not provide support for hypothesis 11 as their responses on the two measures are inconcordant. Therefore, the results from the indecent exposure SOQ findings do not provide evidence of concurrent validity for the QACSO.

Results 10: Causal Attribution Questionnaire

a.) Item reliability analysis

Item analyses were carried out using Cronbach's alpha to assess the internal reliability of the modified questionnaires for use with sex offenders with learning disabilities. Form A's internal reliability was .76 (12 items). The internal reliability of the form A dimensions were .18 (locus), .60 (stability), .68 (controllability) and .87 (responsibility). Whereas, internal reliability for form B was .74 (12 items) and the dimensions were .67 (locus), .30 (stability), .80 (controllability) and .64 (responsibility). These findings are lower than for the original McKay scale. In particular the locus dimension on form A and the stability dimension on form B have

low internal reliability. Therefore, the results need to be interpreted with caution on these dimensions on the respective form of the questionnaire.

b.) Comparison of form A and form B for sex offenders in group 1

Hypothesis 12: Sex offenders’ responses (group 1) on Form A (specific) and Form B (hypothetical) will differ.

To test hypothesis 12 paired sample t-tests were carried out for nine of the sex offenders (group 1) to compare their scores on Form A and B of the Causal Attribution Questionnaire (CAQ). These nine sex offenders had been in treatment for a mean of 9.78 months (range 7 -12 months) when the forms were completed. The raw scores for four sex offenders (group 1) assessed prior to treatment on these measures will be presented separately to allow for any confounding factors such as treatment process.

Table 4.20 : Comparison of Form A and B scores on the Causal Attribution Questionnaire for nine sex offenders (group 1).

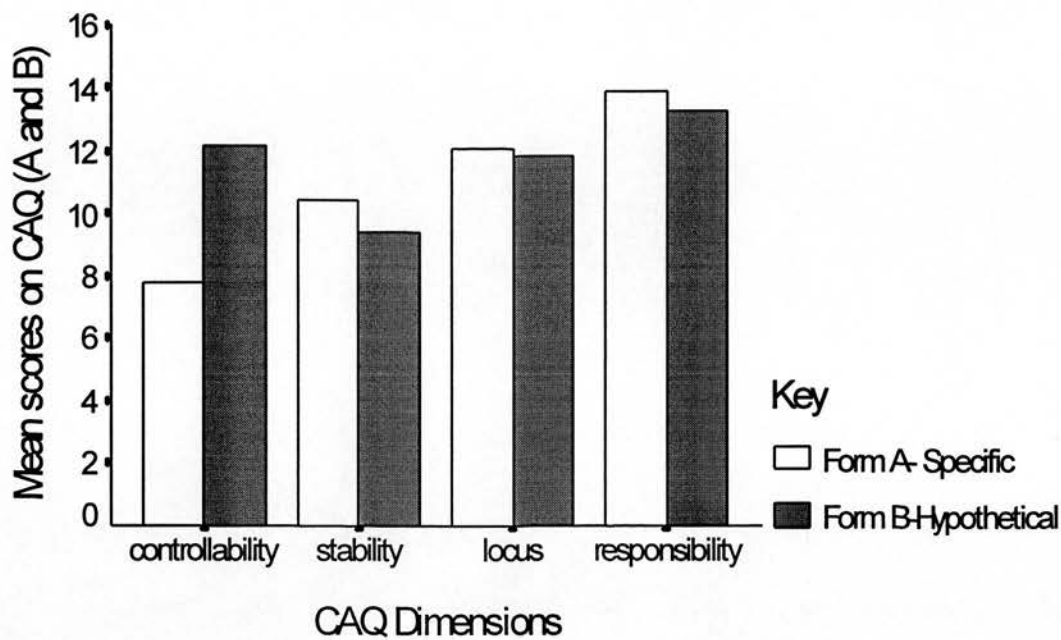
Questionnaire Dimensions	Form A (Specific)		Form B (Hypothetical)		t-value (df=8)
	Mean	(S.D.)	Mean	(S.D.)	
Controllability	7.78	(2.68)	12.22	(3.42)	3.10 *
Stability	10.44	(3.84)	9.44	(2.74)	1.11 NS
Locus	12.11	(2.21)	11.89	(2.71)	0.39 NS
Responsibility	13.89	(1.54)	13.33	(2.55)	0.71 NS
Total Score	44.22	(7.12)	46.89	(5.75)	1.32 NS

Note : * = p < 0.05 (2 tailed) ; NS = non significant p> 0.05

The results shows that the sex offenders scored significantly higher on the controllability dimension on Form B of the Causal Attribution Questionnaire. It is difficult to interpret this finding with respect to any treatment effects as there are no baseline measures. However, this indicates that the sex offenders believe that they would be able to control their offending behaviour more in future circumstances than they could at the time of their index offence. There were no other significant differences between the total scores on the stability, locus, and responsibility dimensions or the overall questionnaire.

As can be seen the relatively high scores on the stability, locus and responsibility dimensions (total possible score of 15) show that the sex offenders (group 1) attribute their offending to stable, internal causes and feel personal responsibility on both the index offence (form A) and on the hypothetical situation (form B) versions of the CAQ. The results are also presented pictorially in figure 4.13. These results provide partial support for hypothesis 12 (controllability dimension only).

Figure 4.13 : Bar chart of mean scores for nine sex offenders (group 1) on Causal Attribution Questionnaire (Forms A and B).



The comparison of ‘new’ sex offender (group 1) on the Causal Attribution Questionnaire are presented in table 4.21 below.

Table 4.21: Comparison of four sex offenders (group 1) on CAQ prior to treatment.

Form A (Specific)-Raw scores						Form B (Hypothetical)- Raw scores				
Subject	C	S	L	R	Total	C	S	L	R	Total
10	13	11	8	6	38	–	–	–	–	–
11	13	10	11	15	49	–	–	–	–	–
12	6	3	5	7	21	6	6	3	10	25
13	6	10	10	12	38	12	10	–	12	–

Note : C = Controllability; S = Stability; L = Locus ; R = Responsibility dimensions

The table shows that on form A (specific) subjects 10 and 11 felt that they were able to control their offending behaviour a little at the time of their index offence, whereas, subjects 12 and 13, reported that it was difficult to control. Subjects 10, 11 and 13 attributed their offending behaviour to be relatively stable, whereas, subject 12 reported that their offending behaviour was changeable (unstable). On the locus and responsibility dimension subjects 10 and 12 reported that their offending behaviour was attributed to external causes and that the victims were more responsible than themselves. On the other hand, subjects 11 and 13 reported a more internal locus and that they felt responsible for their offending behaviour.

When comparing the raw scores for form A and B for two of the sex offenders only, it can be seen from the table that subject 12's responses when asked about the hypothetical situation (form B) were similar for the control and locus dimensions but differed for the stability and responsibility dimensions. The subject reported that if they were in a similar situation to their index offence then their offending behaviour would be more stable and that they would be more responsible for the offence. Subject 13's responses on form B were similar to form A for the stability and responsibility dimensions. However, the subject reported that they would be able to control their behaviour better if a similar circumstance to their index offence arose. The subject had difficulty responding to the locus dimension questions on the form B presentation and therefore no scores were obtained.

c.) Comparison of form A and form B for sex offenders in group 1, by type of index offence

To investigate whether there were any differences on responses on form A and B between types of offenders the nine sex offenders in treatment (group 1) were grouped by index offence type into ‘offenders against children’ and ‘offenders against adults’. This grouping method was used earlier (see results 6 for grouping criteria).

Table 4.22 : Comparison of mean scores for forms A and B (CAQ) for sex offenders (group 1) grouped by offence type.

Offenders against Children (n=5)			Offenders against Women (n=4)	
Questionnaire Dimension	Form A	Form B	Form A	Form B
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)
Controllability	6.20 (1.48)	11.20 (3.70)	9.75 (2.63)	13.50 (3.00)
Stability	10.20 (4.76)	9.60 (3.71)	10.75 (2.99)	10.75 (2.99)
Locus	12.60 (2.61)	11.60 (3.44)	11.50 (1.73)	11.50 (1.73)
Responsibility	13.20 (1.79)	13.40 (2.61)	14.75 (0.50)	13.25 (2.87)
Total Score	42.20 (9.23)	45.80 (5.07)	46.75 (2.50)	48.25 (7.04)

When comparing the pattern of attributions on form A and B for both types of offenders it can be seen from the table that there are no apparent differences in the pattern of attributions on forms A and B on all dimensions. Both offenders against children and women attribute their offending to stable and internal causes and felt

personally responsible for both their index offence and if they were to re-offend (i.e. hypothetical situation). The controllability dimension is the only one which appears to change in a similar way for both types of sex offenders on forms A and B. Hence there is partial support for hypothesis 12 for the controllability dimension.

When comparing the attributions made by offenders against children and offenders against women it can be seen from the table that the offenders against children felt that they had less control of their offending behaviour at the time of their index offence (form A). Both offenders against children and women believed that they would have more control of their offending behaviour if confronted with a similar situation to their index offence circumstances (form B). The offenders against children also felt that their offending behaviour would be slightly less stable in a similar situation now than at the time of their index offence.

Results 11: Sex offenders without learning disabilities (group 4) QACSO, Personal Information Questionnaire and Causal Attribution Questionnaire comparisons (n=8).

a.) QACSO results

As this group had begun treatment for their offending behaviour the during treatment scores for the nine sex offenders with learning disabilities (group 1) will be used as a

comparison group here on the QACSO. The mean length of time in treatment for group 1 was 9.78 months (range 7 to 12 months) as compared to 7 months (range 1 to 12 months) for group 4.

Independent sample t-tests were carried out to compare the scores for both groups of sex offenders who were in treatment (i.e. the 9 subjects in group 1 and 8 subjects in group 4) on the QACSO sub-section and overall total scores.

Table 4.23:Comparison of sex offenders in treatment on the QACSO (groups 1 and 4).

Questionnaire Section	Sex offenders LD (group 1)		Sex offender controls (group 4)		t- value (df)
	Mean	(S.D.)	Mean	(S.D.)	
Rape	8.22	(6.03)	4.00	(3.79)	1.61 (14) NS
Voyeurism	2.89	(2.26)	3.71	(2.29)	0.72 (14) NS
Exhibitionism	5.00	(4.12)	5.56	(3.29)	0.45 (14) NS
Dating Abuse	3.33	(2.18)	5.25	(2.32)	1.76 (15) NS
Homosexual Assault	4.00	(3.02)	4.88	(2.03)	0.15 (14) NS
Paedophilia	8.67	(5.83)	5.88	(5.17)	1.04 (15) NS
QACSO-R Total	32.78	(20.47)	29.20	(14.89)	0.34 (12) NS

Note: NS = non significant result $p>0.05$ (2 tailed)

The table shows that there were no significant differences between the two groups of sex offenders' scores on the QACSO at the time of testing (in treatment). This finding is not surprising given that the two groups of sex offenders have been in treatment for comparative lengths of time. It should be noted that there was missing data in group 4 for one different subject in each of the Rape, Voyeurism and Exhibitionism sub-sections. There was also missing data for one sex offender in group 1 who refused to answer questions in the Homosexual Assault sub-section. Therefore their remaining scores were not included in the comparison for these sub-sections and the overall total scores.

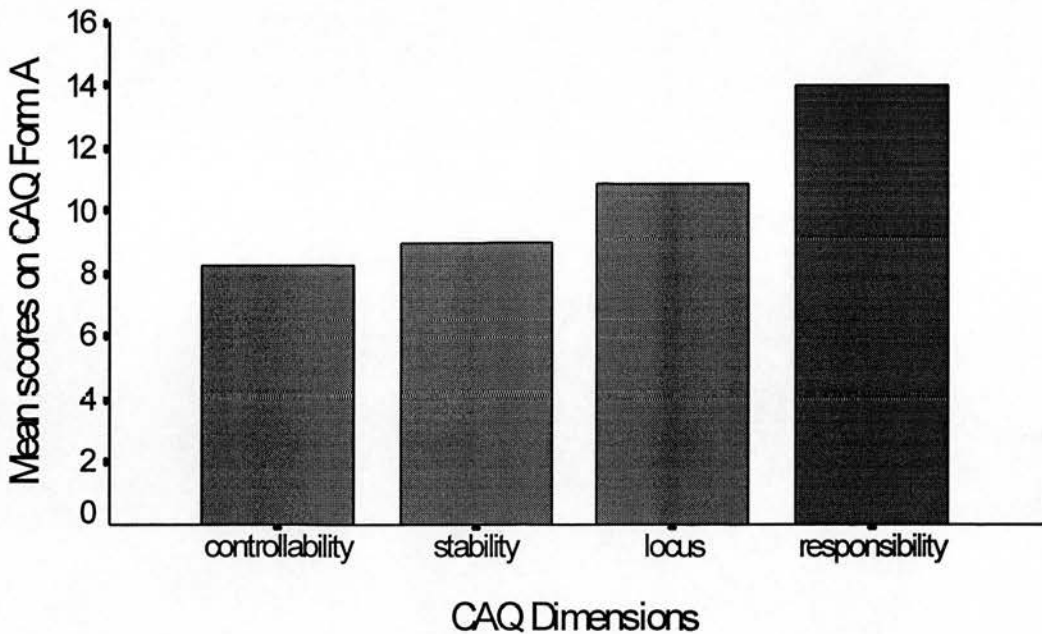
Although non significant, it can be seen that offenders in group 1 scored more inappropriately than individuals in group 4 on the Rape and the Paedophilia sub-sections. This may be indicative of the group 1 sample as these offenders had been charged with either lewd and libidinous behaviour or sex offences against women. As there are no baseline QACSO scores for group 4 (before treatment) it is difficult to interpret these results further. One might assume that group 4's responses were more socially inappropriate prior to treatment and hence the findings suggest that there is some validity for the use of the QACSO with sex offenders without learning disabilities as an assessment measure for treatment.

b). Personal Information Questionnaire results

The mean scores on the ACQ/I subscale, Soc Des subscale and on the total PIQ were calculated for all eight subjects in group 4. The ACQ/I mean score was 0.25 (S.D. .46) with a range of 0 to 1. The Soc Des mean score was 0.50 (S.D. 0.76) with a range of 0 to 2. The mean total PIQ score was 0.75 (S.D. 1.04) with a range of 0 to 3. These scores are comparable with those obtained by normal controls (group 3), see table 4.13. These findings provide support for hypotheses 7 and 8 and indicate that none of the group 4 sex offenders were responding in an acquiescent, inconsistent or socially desirable way on the Personal Information Questionnaire. It is interesting to note that the social desirability scores for group 4 sex offenders are lower than those for the sex offenders with learning disabilities.

c.) Causal Attribution Questionnaire (Form A) results

Figure 4.14: Bar chart of mean scores for group 4 sex offenders on the Causal Attribution Questionnaire (Form A).



The bar chart shows that group 4 sex offenders attribute their offending behaviour for their index offence to internal causes and felt personally responsible. Although their scores on the stability and controllability dimensions were not as high they indicate a trend towards the stable and controllable end of the attributional scale.

Independent sample t-tests were carried out to compare both groups of sex offenders who were in treatment (group 1 and group 4) on each of the four attributional dimensions on the CAQ (form A only). No significant results were found on any of

the dimensions or on the total CAQ scores. Also see figure 4.13 for group 1 scores on form A. Therefore, the sex offenders in both groups (1 and 4) attributed their offending behaviour to internal, stable and controllable causes and felt personally responsible.

Summary of results.

- a). Sex offenders with learning disabilities (group 1) score significantly higher than non sex offending groups (group 2 and 3) on all sub-sections and overall total scores on the QACSO. Therefore, the QACSO significantly discriminates sex offenders (group 1) from non sex offending groups (groups 2 and 3).
- b). The QACSO has good internal reliability.
- c). The QACSO has adequate test re-test reliability for both learning disability groups and for all sub-sections except Rape and Attitudes towards Women for normal controls.
- d). The QACSO as a whole scale has some validity.
- e). The QACSO has some validity for use as a measure of treatment process.
- f). No subjects responded in an acquiescent/inconsistent manner on the PIQ.
- g). Sex offenders with learning disabilities responded in a more socially desirable way on the PIQ when compared to all other groups.
- h). The vignettes provide evidence of concurrent validity.
- i). The Specific Offence Questionnaires provide partial evidence for concurrent validity.
- j). The Causal Attribution Questionnaire has adequate overall internal reliability for use with sex offenders with learning disabilities. However, low internal reliability was found for the locus (form A) and the stability (form B) dimensions.

k). Sex offenders in treatment (group 1) significantly differ in their attribution of controllability on form A (specific) and form B (hypothetical) of the CAQ.

l). There were no differences between types of offenders on form A and B's attributional dimensions on the CAQ, except that offenders against children felt they had less control when they offended.

m). Sex offenders in treatment in both groups (1 and 4) attributed their offending behaviour (on Form A) to internal, stable, controllable causes and felt personally responsible.

CHAPTER FIVE

5. GENERAL DISCUSSION

The main aim of this thesis to develop a valid, reliable self report questionnaire to assess attitudes consistent with sexual offending behaviour in individuals with mild learning disabilities has been fulfilled. The results show that the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) is a promising tool in terms of providing a reliable and valid method of assessing cognitive distortions/attitudes in sex offenders with learning disabilities. Many of this studys' findings have already been discussed in detail in the results section. Only those points which have not been expanded upon previously will be discussed in depth here.

a.) Summary of results.

i) Reliability and Validity of the QACSO

The results section contained a number of studies to investigate the psychometric properties of the QACSO. The Personal Information Questionnaire, Vignettes and Specific Offence Questionnaires were used to further assess the validity and reliability of the QACSO. The results indicate that the revised QACSO is a valid and reliable measure for the assessment of attitudes consistent with sex offending in individuals with learning disabilities. The revised QACSO has good internal reliability, hence hypothesis 1 is supported.

The QACSO sub-sections and overall scores significantly discriminated sex offenders with learning disabilities (group 1) from non offenders. These results supported hypothesis 2. There were a number of items which discriminated the sex offenders (group 1) from non offenders. These questions may indicate particular cognitive distortions which facilitate offending behaviour as suggested by a number of authors (e.g. Marshall & Eccles, 1991; Salter, 1988). Once highlighted using the QACSO , these beliefs could be specifically targeted in any treatment offered.

Test re-test reliability was acceptable for all groups on all of the QACSO sub-sections and total scores except for the Rape and Attitudes to Women sub-section which did not correlate significantly for the 'normal' controls (group 3). Therefore, hypothesis 3 was supported except for this anomaly. As mentioned previously in the results section this exception may be due to a statistical artefact or the strength of attitudes elicited.

Hypothesis 4 was supported by the inter-section/total score correlations suggesting that all the QACSO sub-sections measure a similar construct and that the QACSO acts as one scale. The treatment re-test comparison results partially supported hypothesis 5. This indicated that the sex offenders with and without learning disabilities (group 1 and 4) respond more socially appropriately to the QACSO questions following some clinical intervention.

The results provided partial support for hypothesis 6. Individuals (group 1) charged with child sex offences most prevalent anti-social attitudes were in the Paedophilia sub-section. For these individuals their beliefs about children may facilitate their offending behaviours. For other offenders (group 1) anti-social attitudes were high across all sub-sections. This may indicate that some of the offenders are at risk of offending against other groups other than their index offence victim group. This supports some of the research which suggests that some sex offenders with learning disabilities offend in more than category (Gilby et al, 1989). An alternative explanation maybe that the attitudes have differing roles for different offenders. For example, a child sex offender who has anti-social attitudes against children and women say, may only offend against children and not act on the attitudes towards women. Another possibility is that other factors not assessed here, maybe more relevant for offenders who do not appear to have distorted beliefs about their victims.

The vignettes provided concurrent validity for the use of QACSO as an assessment tool (hypotheses 9 and 10). The majority of subjects with learning disabilities in group 2 responded concordantly on the vignette and QACSO presentations of the same questions. Therefore, one can assume that these subjects with learning disabilities are responding in a valid way, which supports some of the research mentioned earlier which suggests that individuals with learning disabilities can reliably self-report (Jahoda et al, 1988; Lindsay et al, 1994). However, the generalisation of this finding to sex offenders with learning disabilities is uncertain due to the small number tested in this group. Therefore, these findings would need to

be replicated with a larger sample of sex offenders to provide stronger evidence for the validity of the QACSO with this population.

In particular, on the Paedophilia vignette the results suggested that for a minority of individuals a visual and/or more personal presentation of the QACSO questions aided understanding and elicited a more socially appropriate response. There was one exception, the responses to the victim awareness question on the Paedophilia subsection elicited a more socially inappropriate response for nine individuals on this vignette. However, the results do support the research that the use of pictures, slides or photographs can aid understanding for at least some individuals (Beckett, 1992; Murphy et al, 1983; Heal & Sigelman, 1995).

The Specific Offence Questionnaire provided some concurrent validity for the use of the QACSO with sex offenders with learning disabilities (partial support for hypothesis 11). Six of the sex offenders in group 1 responded similarly on both the QACSO and the questionnaire designed to elicit attitudes towards their index offending behaviour (SOQ). However, the responses from seven of the sex offenders in group 1 did not support hypothesis 11. These individuals responded differently when asked specifically about their own offending behaviour. There are a number of possible explanations for this finding, the offender may have been more aware of what the interviewer expected them to say (social desirability effect or interviewer effect) when asked specifically about their own offending behaviour or their attitudes may be elicited by the situational factors surrounding their index offence. Alternatively, the

offenders specific attitudes in relation to their offending behaviour may have changed possibly through the treatment process whereas, their general attitudes may remain socially inappropriate. This finding supports the research that an assessment of an offenders' offence related opinion may be a better predictor of future offending than more general attitudes (Marshall & Eccles, 1991; Murphy, 1990). Therefore, it may be helpful to use this type of question format with the sex offenders with learning disabilities to address any situation specific attitudes. These questions could be administered in a separate questionnaire or added to the QACSO in a special section to provide further assessment information. This information maybe very useful for targeting specific attitudes in treatment.

There were no significant differences found on the acquiescent/ inconsistency of responding subscale of the Personal Information Questionnaire which supported hypothesis 7. All subjects scored low which was surprising, and contrary to the research which highlights the problems of acquiescence on assessment tools (Sigelman et al, 1981; Clare & Gudjonsson, 1993). This finding may be a reflection of the sort of questions used on the ACQ/I subscale. They may not have been disguised well enough and a subjects attention may have been drawn to them. The questions were not conceptually related to the sex offending questions on the QACSO and therefore the possibility of acquiescence on the QACSO measure cannot be ruled out.

The sex offenders in group 1 responded in a more socially desirable way than all other groups to the Soc Des questions on the Personal Information Questionnaire. Therefore, support for hypothesis 8 was found from the three control groups responses only. This finding could be interpreted in a number of ways. One possible explanation for this finding could be that the individuals were responding truthfully to the questions or that they were unaware of the socially desirable response due to a lack of knowledge. However, if this were the case then one would anticipate that the individuals with learning disabilities who had not offended may also respond in a socially desirable way to the questions on the PIQ. If the results found are valid, that the sex offenders in group 1 do have a tendency to respond in a socially desirable way then this may suggest that their true beliefs may actually be more anti-social than already indicated by the high scores on the QACSO. These results add further validity to this study's finding that sex offenders with learning disabilities score significantly higher than non offending groups (2 and 3).

It was interesting that the sex offenders without learning disabilities (group 4) did not appear to respond in a similarly socially desirable way on the PIQ. This may be indicative of the differing types of treatment or services. Alternatively, these individuals may have been more aware of what the questionnaire was assessing. As the psychometric properties of the Personal Information Questionnaire have not been established these findings should be interpreted with caution.

ii) Causal Attribution Questionnaire.

There were a number of comparisons made on this questionnaire in the results section. However, the majority of sex offenders who participated in this part of the study were in treatment (groups 1 and 4). It is difficult to compare the results directly as the offenders in the McKay et al, (1996) study were tested in the early months of treatment and one would expect that the attributions would differ once treatment progressed. Form A (specific to index offence) is the version of the CAQ which would have been compared with the McKay study had there been more 'new' sex offenders who completed this part of the study. Form B (hypothetical) was constructed by the author to assess the sex offenders who were in treatment (in group 1). There were only a few of the 'new' sex offenders in group 1 who participated. These offenders attributed their offending behaviour to differing dimensions and on the whole the findings did not support the McKay study.

The sex offenders in treatment (in groups 1 and 4) attributed their index offending behaviour (form A) to internal, stable, uncontrollable causes and felt personally responsible. This finding was comparable to some of the McKay findings.

However when the sex offenders (group 1) were grouped by type of offence the 'offenders against children' attributed their index offending behaviour (form A) to internal, stable, uncontrollable causes and felt personally responsible. These findings supported the McKay study for the locus, stability and controllability dimensions.

The offenders against women attributed their index offending behaviour to internal, stable, controllable causes and felt personally responsible. This finding did not support the Mc Kay study for the locus and stability dimensions.

The results of the comparisons using form B of the CAQ identified that both the offenders against children and women stated that they would feel more in control of their offending behaviour if they encountered a similar situation to their index offence. The offenders against women attributed their behaviour to controllable, stable, internal causes and felt personally responsible (form B). Therefore, the results on form B provide partial support for the Mc Kay study.

There are a number of possible explanations why the results do not fully replicate the McKay study's findings: some of the sex offenders in this study have learning disabilities who may attribute their offending differently to non learning disabled sex offenders, the majority of offenders in this study were in treatment so direct comparisons could not be made, the study was retrospective for the majority of the offenders which may have been particularly difficult for individuals with learning disabilities who may have a poor memory and lastly the scales were not identical.

It should be noted that the internal reliability for the modified questionnaires was low for the locus (form A) and stability (form B) dimensions. A possible explanation for the low reliability on these two dimensions could be that the subjects may have found the language or concepts difficult to understand. Therefore, the modified

questionnaires require further development and these results should be interpreted with caution particularly for these two dimensions. However, this questionnaire may be useful to assess sex offenders with learning disabilities prior to treatment to identify their perceptions of reality which could be addressed to help motivate them to change.

b) Limitations of the thesis

i) Limitations of the QACSO

The Paedophilia sub-section had the most discriminating items for sex offenders with learning disabilities. This may be because many of the sex offenders in group 1 had been charged with lewd and libidinous behaviours. Therefore, this sample may be biased towards identifying cognitive distortions on this sub-section in particular.

Problems were identified with certain items and scoring criteria on the QACSO, these will be discussed here. The scoring criteria for some QACSO items was identified as being ambiguous and unclear as to whether the item should be scored as appropriate or not. There were noticeable problems with some questions, for example, the intent questions were difficult to score, for example, in the Paedophilia sub-section the question “ Do adults have sex with children to scare them?”. In this case the scoring criteria does not seem appropriate for this type of question. If the subject answered

‘yes’ to this question then this was considered to be the appropriate response, whereas in reality sexual offenders have differing motives or intentions. It may be possible that for some sexual offenders their intent is to scare their victims ,whereas, for others they may have responded ‘no’ but their intention may have been as equally anti-social. For example, a sex offender may not think that adults have sex with children to scare them but may believe they do it for fun.

A number of the non offenders without learning disabilities responded “don’t know” to the same question which may also be considered as an appropriate response given the previous argument. Alternatively, another explanation may be that the sex offenders have a clearer insight into why they or others offend. Whereas, for non offenders there is more uncertainty. However, it is unclear why some subjects with learning disabilities who have not offended sexually do not show the same ambiguity on some of these questions. Possible explanations could be that they do not want to admit that they are unsure of the answer and therefore guess “yes” or “no” or that a lack of knowledge/poor socialisation may mean that they are less aware of any ambiguity in the question.

A possible solution to this ambiguity is to alter the scoring criteria for some of the rejected questions and then use them in subsequent studies. For example, question 8 in the Rape sub-section reads “ Do women lie about being raped?”. Some of the ‘normal controls’ responded “yes” to this question. A more useful scoring criteria may be to use a four category scoring system i.e. “Do most/ all/ a few/ or no women

lie about being raped?”. The response categories could be presented on an additional page possibly with a visual indicator of each response alternative for individuals with learning disabilities. This question could then be scored as inappropriate to respond most or all women lie about being raped and as appropriate for other responses.

The QACSO sub-sections and overall scores significantly discriminated sex offenders (group 1) from non offenders. There were a number of questions which were particularly good discriminators for sex offenders. However, some of the sub-sections also discriminated the learning disability control group from ‘normal’ controls (Rape, Dating Abuse, Homosexual Assault and Paedophilia). Explanations for this finding may be that the QACSO identifies a lack of sexual knowledge as well as attitudes which are consistent with sexual offending. This finding is consistent with some of the literature on the aetiology of sexual offending. This finding is the opposite to what one would expect from Wellings et al, (1994) findings that individuals were more likely to perceive behaviours as wrong if they had no experience of them. However, one cannot assume that individuals with a lack of sexual or social knowledge are necessarily at risk from sexual offending. They may be at risk of inappropriate sexual behaviours which could be misinterpreted as offending behaviour. Therefore, it was decided to include the questions which discriminated the sex offenders and learning disability control groups from ‘normal’ controls until further studies can establish their validity. Another possible explanation for these results could be that the ‘normal’ control group and the sex offender group (1) have more sexual knowledge than the individuals with learning disabilities in group 2. The

sex offenders in group 1 may have responded more socially appropriately than individuals in group 2.

One observation which may have influenced the results is that the sex offender group (1) consisted of a number of offenders against women and children. Therefore, some items which discriminated equally or better for the learning disability controls were retained in the sub-sections which did not directly relate to the sex offenders' charges. This decision was made so that the tool could be further developed and used with other types of offenders. In particular this discriminating pattern was noticed in the Homosexual Assault sub-section.

The scoring criteria for some of the questions which addressed victim awareness was difficult to categorise into appropriate or inappropriate responses. For example, the questions addressing recovery times for victims. These questions were ambiguous as it was unclear as to what was actually meant by recovery. It would be assumed that the appropriate response would be that the recovery time from a sex offence would be dependent on the individual circumstances of the victim. However, the responses to these questions may have depended on a persons knowledge and therefore may be misleading. The QACSO scoring criteria assumes that the appropriate response here is that a victim would take a longer rather than a shorter time to recover, if at all. These questions produced some "don't know" responses from the 'normal' controls (group 3) in the voyeurism and exhibitionism sub-sections. Whereas, in the rape and dating abuse sections the majority of subjects in all groups responded with the longer

time to recover option. Similar questions in the Paedophilia sub-section discriminated well for the sex offending group (1) who thought that children would recover in a relatively short time.

Problems were identified with the Voyeurism sub-section, over half of the original questions were rejected following item analysis. The majority of these questions were ambiguous as the questions did not appear to address an offending behaviour as such. The term “stare” was used to elicit what would be deemed as a socially inappropriate behaviour. This term may have actually been interpreted as ‘to look’ which is not an offence. It may have been misconstrued as part of a ‘normal’ courtship behaviour or may just be a natural reaction i.e. to look at an attractive woman. Of course this behaviour may be perceived as offending to some women, however, it would not be classed as so unless there was an element of secrecy. The terms “peep”, “watch” or “spy” may be better suited to elicit anti-social attitudes in this sub-section.

Another problem recognised with the Voyeurism sub-section was that the majority of questions could be answered appropriately with “no” indicating a possible response bias. The results for the ACQ/I subscale indicate that this was probably not the case. However, it cannot be assumed that the PIQ measure results can be generalised to the QACSO responding patterns. One possible way of attempting to correct for response bias effects would be to add questions which have correct answers or a few logically opposite paired questions. These questions could be related to the sexual offending questions rather than using another measure like the PIQ. These questions could then

be scored as a separate subscale for each of the QACSO sub-sections. Some of the Voyeurism items could also be reworded so that some “yes” responses are made appropriate.

The “Don’t know” response category was identified as being problematic. It could be interpreted in a number of different ways, as:-

- i. the individual lacking in knowledge
- ii. being under confident
- iii. defending against their real attitude
- iv. not sure what their attitude is, and therefore a genuine reflection of their belief
- v. not understanding the question
- vi. not understanding the concept

Therefore, a response of “don’t know” to some questions would be inappropriate, whereas, to others may be neither inappropriate or appropriate. It may be beneficial to reassess the scoring criteria for the retained items. It may also be useful to add further definitions for difficult concepts or words used on the QACSO which may help to identify whether an individual understands the concepts or questions used and hence may eliminate a number of the don’t know responses.

The rejected QACSO items could be reworded and added into future research projects. Alternatively, some of the rejected items could be used in clinical

assessment as some would appear to have face validity. However, if used in this way without modification these items should not be included in the scoring criteria. Questions which resemble the items which discriminate best for the sex offending group could also be added and their validity tested. The scoring criteria could also be modified as suggested earlier.

The items which have been identified as good discriminators could be scored using a weighting system. For example, these items could be given a weighting of five, whereas items which discriminated both learning disability groups could be weighted as two. This scoring system may help to discriminate individuals who are most at risk from offending from those who possibly lack sexual/social knowledge and are not necessarily at risk of offending. This system would need to be tested first before any interpretations could be made.

ii) Methodological limitations of the study.

There were two main limitations of this study, one was the low number of subjects in group four. Throughout the course of this study there were very few 'new' offenders without learning disabilities who had been recently charged. Some of the sex offenders who were asked to take part for group 4 did not return questionnaires, therefore recruitment for this group was particularly difficult. These subjects should have ideally been 'new' sex offenders without learning disabilities, on probation.

However, as mentioned earlier in the method there were difficulties in obtaining access to other agencies outwith Tayside. The decision to widen the selection criteria was made so that data for individuals who were in treatment could also be collected. The resulting comparisons made would have provided better information had the offenders taken part prior to treatment. However, the eight subjects who did participate provided some useful data for comparison with the nine sex offenders in group 1 who were also in treatment.

The other main limitation of this study was the low number of 'new' sex offenders in group 1 who completed the additional measures designed to provide further validity and reliability data for the use of the QACSO with sex offenders with learning disabilities. This was particularly a problem in the Vignettes and in the Causal Attribution Questionnaire. The findings on these two measures provided limited validity for the relevant measures. Some of the 'new' offenders in this group were assessed in prison which limited the time available to collect data for the additional measures.

It was decided that offenders in treatment in group 1 would not be used for the Vignette data collection as the slides were actually used in treatment and may have effected the validity of any subsequent findings. The generalisability of the findings from the small samples of 'new' sex offenders in group 1 on this measure are questionable and require further testing.

One factor which was not taken into account in this study was that some of the individuals with learning disabilities may have attended sex education groups in the past. This factor was not recorded but may have influenced the results and could be taken into account in future research. It may be beneficial to assess the participants sexual knowledge prior to taking part to allow for any differences in knowledge.

There were no 'norms' to account for the validity of the findings on the Personal Information Questionnaire. However, as already mentioned in the results section, a rough comparison was made using the Eysenck-Withers Lie scale (Eysenck. 1966) which identified that the sex offender group (1) appeared to respond in a more socially desirable way than the other three comparison groups in this study.

There were insufficient numbers of subjects to carry out factor analysis on the QACSO. Although it was not intended in this study, this analysis may be useful in identifying which factors or QACSO themes best discriminate the sex offenders from the other subjects and which beliefs seem to be particularly crucial for individual offenders.

A limitation in assessing people with learning disabilities is that there are no suitable measures to use to assess the construct validity of the QACSO. The relevant measures used in the non learning disability population would need to be modified first and therefore would have required standardising on this population which was beyond the scope of this study.

One possible influence on the QACSO results is the representativeness of the sample of sex offenders of the whole population of sex offenders with learning disabilities. The sample of seventeen sex offenders in this study is fairly small and their offences fall into the Rape, Paedophilia and Exhibitionism sub-sections of the QACSO. Therefore some of the sub-sections may not have been addressed by this sample.

This observation is of course assuming that sex offenders have specific cognitive distortions relating to their offending behaviours. It could also be the case that sex offenders have a number of distortions which may not appear to directly relate to their specific offending behaviour. For example, an adult rapist may also think that children enjoy having sex with adults but may never act on this belief. Alternately a rapist may also be a child molester. Another explanation may be that there are other factors which have not been assessed here which are important to these offenders.

The results show that when the sex offenders (in group 1) were grouped by type of offence they exhibited a number of socially inappropriate responses across all sub-sections. This may suggest that although the sub-sections appear to label different sorts of offending behaviours there may actually be an underlying theme or overlap between the types of offences. For example, a rapist may also be a voyeur. This theory has some support from research which suggests that individuals with learning disabilities tend to commit multiple offences from more than one category (Gilby et al, 1989). However, one would expect some overlap between some of the

conceptually related sub-sections, for example, the Rape and Attitudes to Women and Dating Abuse sub-sections.

Another possible influence on the results is that there may have been individuals in the two non offending groups who have actually offended. This cannot be controlled for as the information is not known. This may provide one explanation for those individuals who scored highly in these two groups. However, the role of attitudes on behaviour is uncertain and the research shows that some tools do not discriminate sex offending from non sex offending populations (Segal & Marshall, 1985). This may indicate that anti-social attitudes per se do not lead to offending behaviour and that their function differs for sex offenders and non offenders (Hanson et al, 1991).

c) Potential use of the QACSO.

As identified in the introduction the QACSO could be used to identify individuals who are at risk of offending sexually. For example, individuals with high socially inappropriate attitudes or inappropriate sexual behaviour may be identified, monitored or assessed to decipher the most appropriate course of action. The QACSO could also be used to reassess individuals who attend treatment to identify whether they are at risk of re-offending.

The QACSO could also potentially be used as a measure of treatment process as the results show that it is sensitive to change. The QACSO could also be used as a research tool to identify certain themes and beliefs which may facilitate offending in certain types of offenders. Further testing is required before the measure is used to assess treatment outcome. However, the measure could be used to re-assess offenders at follow-up from treatment.

The QACSO sub-sections could also be used independently in assessment of sex offenders as shorter measures to identify particular areas to address in treatment. The Specific Offence format of the QACSO questions and the Causal Attribution Questionnaire could be added to or administered with the QACSO to provide additional valuable information.

The QACSO could be used with sex offenders without learning disabilities to assess attitudes and cognitive distortions. This information could then be addressed in treatment. However, the psychometric properties of the measure have not been assessed with this population and further study is required to establish its reliability and validity with this group.

d). Recommendations for future research.

Future research might include further testing of the validity and reliability of the QACSO using larger samples and a wider range of types of sex offenders.

Suggested modifications for the QACSO are:-

1. the rewording of rejected items
2. changes in the scoring criteria
3. addition of items similar to the good discriminating items
4. rewording of Voyeurism items
5. development of QACSO items to assess acquiescence and social desirability
6. addition of more definitions of concepts and words used on the QACSO
7. provision of visual or more personal cues in presentation of items
8. addition of Specific Offence questions
9. addition of Causal Attribution questions

The Personal Information Questionnaire and the Causal Attribution Questionnaire could be developed further to provide norms, validity and reliability data. The CAQ responsibility dimension questions could be compared with the similar questions on the QACSO to further establish validity.

Larger samples would allow factor analysis to be conducted which would identify themes and particular beliefs which may contribute to sex offending behaviours. The study of these attitudes might inform clinical practices. If certain attitudes were identified or groups of attitudes as being related to sex offending then these could be investigated.

Further research which investigates the role that inhibitory cognitions have on behaviour may be an important area to study in relation to sex offending. The relationship between attitudes and behaviour and the differing roles of attitudes for offending and non offending populations would also be an interesting area of study. More research is therefore required to investigate the relationship between beliefs and behaviour in this area as the existing research does not explain the differing role that these attitudes may have for individuals.

As sexual offending has been identified as a significant problem in both the learning disability and general populations. A tool which can help to predict and minimise the risk of offending will contribute greatly to understanding and reducing sexual offending behaviours. Although the findings of this study are promising for the use and further development of the QACSO, replications of these findings are required in larger samples before gross generalisations can be made.

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APPENDIX I

QACSO QUESTION SHEET (TYPE 1)

TOPIC 1 : RAPE AND ATTITUDES TO WOMEN

NO	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION:</p> <p>“What does it mean to be raped?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When <u>someone</u> is <u>forced</u> by another person to <u>have sexual intercourse</u> (sex).</p> <p>If responds by saying - when a man forces (makes) a woman to have sex with him then ASK “Can a man be forced by another man to have sex”. If says no then say that they can and repeat the original question to be answered in full.</p>
1 a	Is it possible for any woman to be raped?
b*	Is it only women who wear tight clothes that can be raped?
c	Could a woman wearing her Sunday best clothes be raped?
2 a	Do you think that women who go around braless or in tight clothes want to have sex?
b	Is she asking for it?
3 a	Do you think that a woman can stop a man from raping her if she wanted to?
b	Could a woman stop a man from raping her by shouting or fighting him off of her?
c*	If the rape goes ahead does that mean that she wants it?
4 a	Are women often partly to blame for the rape taking place?
b	Do some women lead men on?
5 a	If a woman gets drunk at a party and has sex with a man there is she fair game for anyone else?
b	At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?
6	Are women just a load of bitches?
7 a*	Can women who have had sex with a lot of men still be raped?
b	Is she asking for it?
8	Do women lie about being raped?
9 a	Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?
b	If a woman lets a man touch and kiss her and then suddenly says she wants him to stop, is it okay for him to keep going?
10a	Can you show a woman that you love her by forcing her to have sex with you?
b	Is it okay to force a woman to have sex?
11	If a man rapes a woman is it just a bit of fun?
12a	Do men rape women to scare or frighten them?
b*	Do men rape women to gain power over them?
13	Do women make too much fuss about sexual assault?
14*	Do you think that if a woman is raped that it would cause her any harm?
15	If a woman was raped do you think that it would take a few weeks or longer to get over it?

TOPIC 2 : VOYEURISM

NO	QUESTIONS
1	Do women who don't close their curtains when they are in their underwear want people to look at them?
2 a	Do women like men to stare at their bodies?
b	Does it makes them feel attractive?
3 a	If a woman has a big pair of boobs is it only natural to have a good look?
b*	Is it right to have a good look?
4	If a woman is wearing a short skirt does it mean that she wants men to look up it?
5	Do some women make up stories about men looking through curtains at them?
6 *	Is staring at a woman's body a good way of showing her that you find her attractive?
7	Do men stare at women to scare them?
8 *	If a man stares at a woman is he just having a bit of fun?
9 a	Is it okay to stare at a woman if you don't touch her?
b	Is there any harm in staring at a woman?
10	If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?

TOPIC 3 : EXHIBITIONISM

NO	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION:</p> <p>"What does it mean to flash?"</p> <p>APPROPRIATE RESPONSE:</p> <p>When a <u>man shows</u> (exposes) his <u>private parts</u> (penis) in public. Accept the wording in the brackets.</p>
1 a	Do you think a woman has to look when a man flashes at her?
b	Could a woman walk away when a man flashes at her?
2 a	If a woman looks at a flasher is it her fault?
b	Is it the man's fault if a woman looks at him when he flashes?
3 a	Do women just pretend to be shocked when they see a penis?
b	When a man shows his penis to a woman does it really turn her on?
4 a	Do most women laugh about being flashed at ?
b	Do women think that it is a bit of fun?
5 *	Is flashing at someone a good way to show women that you want to have sex ?
6 a*	Do men flash to scare women?
b*	Do men enjoy scaring woman by flashing at them?
7	Do you think that a woman would be harmed by a man flashing at her?
8	Do you think that it would take a woman years or a few days to get over being flashed at?

TOPIC 4 : DATING ABUSE

NO	QUESTIONS
1*	Is it okay to kiss in public, on the street?
2	Do you think a woman should expect a man to try it on on a date?
3*	If you ask a girl out for a date should she know that you want to have sex?
4	If a girl invites you back to her place for a coffee is she really offering to have sex?
5 a	Do you think it's okay to expect sex on the first date?
b*	If you are on the first date is it okay to expect the girl to have sex with you?
6	If a girl makes out that she does not want to kiss is she playing a game?
7 a	Would a woman think that you found her ugly, if you didn't ask her to have sex with you?
b	If you don't ask a woman to have sex will she think you don't like her?
8	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?

TOPIC 5 : HOMOSEXUAL ASSAULT

NO	QUESTIONS
	<p>DIRECTIONS: 1) Ask the question 2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION: "What does it mean to be homosexual /gay?"</p> <p>APPROPRIATE RESPONSE: When a man or woman is sexually attracted to members of the same sex. Also accept - when a <u>man is attracted</u> or has <u>sex with another man</u>.</p>
1	Is it okay for men to have sex together?
2	If a man approached you for sex would you hit him or tell someone?
3	If a man does not want to have sex can he be forced to by another man?
4 a	If a man does not try to fight his way out of a rape does he want to have sex?
b	Could a man stop another man from raping him?
5	Do men just say that they were raped because they are ashamed of being gay?
6	If a man forced another man to have sex, would this be a good way of showing him that he found him attractive?
7 a*	Would a man rape another man to scare him?
b*	Would a man rape another man to get power over him?
8 *	If a man tries to force another man or boy to have sex is he just having a bit of fun?
9 *	If a man is raped by another man does it cause him harm?
10	Would it take a man a few weeks or longer to get over being raped by another man?

TOPIC 6 : PAEDOPHILIA

NO.	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>A. QUESTION:</p> <p>“What does it mean to masturbate?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When a person feels sexy (turned on) they may <u>play with their private parts</u>. Also accept - when a <u>man plays with his penis</u>.</p> <p>B. QUESTION:</p> <p>“What does it mean to have a period?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When <u>girls</u> are between approximately <u>11 - 13</u> years of age, each <u>month blood</u> from their womb <u>comes out</u> through their vagina (<u>between their legs etc.</u>). If does not state age, frequency or where the blood comes from then ask. If unable to answer then give the correct answer and ask the question again.</p> <p>C. QUESTION:</p> <p>“What does it mean to be sexually abused?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When a <u>person (child)</u> is <u>touched, kissed</u> or <u>made to have sexual intercourse</u> when they <u>don't want to?</u> Accept any of the underlined answers.</p>
1	Do some children enjoy having sex with adults?
2	Do children make up stories about being sexually abused?
3 a	Do children lead adults on sexually?
b*	Do children do sexy things so that men will get turned on and want to have sex with them?
4	Is it wrong to force a child to have sex?
5 a*	Can children be abused by people they know, as well as strangers?
b*	Can a child be abused by family members like their father , their mother or their uncle?
6	Can you show you love a child by having sex with them?
7	Do adults have sex with children to scare them?
8 *	If a man has sex or masturbates in front of a child is it just a bit of fun?
9	If a girl is old enough to have periods is she old enough to have sex?
10a	Can a ten year old decide whether to have sex or not?
b	If a child was 10 years old would they be able to decide to have sex with a man?
11a	Do you think sex with children does harm if the adult is gentle?
b*	If the man is gentle would sex cause harm to the child?
12*	Does making a child watch you masturbate do them any harm?
13a*	After a few years would a child get over being sexually abused?
b*	Would a child ever fully get over being sexually abused or would they be okay in a few weeks or years?

QUESTION SHEET (type 2)

INSTRUCTIONS: Please read each question carefully and indicate your response by ticking the appropriate boxes. Where possible please try to answer yes or no: rather than "don't know". Please complete the details below. Thank you for your help.

Male/Female..... Date of birth..... Married/Single/other(specify).....

Further education (at college or university). Please tick below:-

none..... less than 2 years..... more than 2 years.....

TOPIC 1 : RAPE AND ATTITUDES TO WOMEN

NO	QUESTIONS	ANSWERS
1 a	Is it possible for any woman to be raped?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Is it only women who wear tight clothes that can be raped?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
c	Could a woman wearing her Sunday best clothes be raped?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2 a	Do you think that women who go around braless or in tight clothes want to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Is she asking for it?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
3 a	Do you think that a woman can stop a man from raping her if she wanted to?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Could a woman stop a man from raping her by shouting or fighting him off of her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
c*	If the rape goes ahead does that mean that she wants it?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4 a	Are women often partly to blame for the rape taking place?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Do some women lead men on?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5 a	If a woman gets drunk at a party and has sex with a man there is she fair game for anyone else?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6	Are women just a load of bitches?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7 a*	Can women who have had sex with a lot of men still be raped?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Is she asking for it?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8	Do women lie about being raped?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
9 a	Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	If a woman lets a man touch and kiss her and then suddenly says she wants him to stop, is it okay for him to keep going?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
10a	Can you show a woman that you love her by forcing her to have sex with you?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Is it okay to force a woman to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
11	If a man rapes a woman is it just a bit of fun?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
12a	Do men rape women to scare or frighten them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Do men rape women to gain power over them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
13	Do women make too much fuss about sexual assault?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
14*	Do you think that if a woman is raped that it would cause her any harm?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
15	If a woman was raped do you think that it would take her a few weeks or longer to get over it?	Wks <input type="checkbox"/> Don't know <input type="checkbox"/> Longer <input type="checkbox"/>

TOPIC 2 : VOYEURISM

NO	QUESTIONS	ANSWERS
1	Do women who don't close their curtains when they are in their underwear want people to look at them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2 a	Do women like men to stare at their bodies?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Does it makes them feel attractive?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
3 a	If a woman has a big pair of boobs is it only natural to have a good look?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Is it right to have a good look?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4	If a woman is wearing a short skirt does it mean that she wants men to look up it?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5	Do some women make up stories about men looking through curtains at them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6 *	Is staring at a woman's body a good way of showing her that you find her attractive?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7	Do men stare at women to scare them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8 *	If a man stares at a woman is he just having a bit of fun?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
9 a	Is it okay to stare at a woman if you don't touch her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Is there any harm in staring at a woman?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
10	If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?	Mins <input type="checkbox"/> Don't know <input type="checkbox"/> Longer <input type="checkbox"/>

TOPIC 3 : EXHIBITIONISM

NO	QUESTIONS	ANSWERS
1 a	Do you think a woman has to look when a man flashes at her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Could a woman walk away when a man flashes at her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2 a	If a woman looks at a flasher is it her fault?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Is it the man's fault if a woman looks at him when he flashes?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
3 a	Do women just pretend to be shocked when they see a penis?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	When a man shows his penis to a woman does it really turn her on?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4 a	Do most women laugh about being flashed at ?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Do women think that it is a bit of fun?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5 *	Is flashing at someone a good way to show them that you want to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6 a*	Do men flash to scare women?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Do men enjoy scaring woman by flashing at them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7	Do you think that a woman would be harmed by a man flashing at her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8	Do you think that it would take a woman years or a few days to get over being flashed at?	Days <input type="checkbox"/> Don't know <input type="checkbox"/> Years <input type="checkbox"/>

TOPIC 4 : DATING ABUSE

NO	QUESTIONS	ANSWERS
1 *	Is it okay to kiss in public, on the street?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2	Do you think a woman should expect a man to try it on on a date?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
3 *	If you ask a girl out for a date should she know that you want to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4	If a girl invites you back to her place for a coffee is she really offering to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5 a	Do you think it's okay to expect sex on the first date?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	If you are on the first date is it okay to expect the girl to have sex with you?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6	If a girl makes out that she does not want to kiss is she playing a game?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7 a	Would a woman think that you found her ugly, if you didn't ask her to have sex with you?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	If you don't ask a woman to have sex will she think you don't like her?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>

TOPIC 5 : HOMOSEXUAL ASSAULT

NO	QUESTIONS	ANSWERS
1	Is it okay for men to have sex together?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2	If a man approached you for sex would you hit him or tell someone?	Tell <input type="checkbox"/> Don't know <input type="checkbox"/> Hit <input type="checkbox"/>
3	If a man does not want to have sex can he be forced to by another man?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4 a	If a man does not try to fight his way out of a rape does he want to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	Could a man stop another man from raping him?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5	Do men just say that they were raped because they are ashamed of being gay?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6	If a man forced another man to have sex, would this be a good way of showing him that he found him attractive?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7 a*	Would a man rape another man to scare him?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Would a man rape another man to get power over him?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8 *	If a man tries to force another man or boy to have sex is he just having a bit of fun?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
9 *	If a man is raped by another man does it cause him harm?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
10	Would it take a man a few weeks or longer to get over being raped by another man?	Wks <input type="checkbox"/> Don't know <input type="checkbox"/> Longer <input type="checkbox"/>

TOPIC 6 : PAEDOPHILIA

NO	QUESTIONS	ANSWERS
1	Do some children enjoy having sex with adults?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
2	Do children make up stories about being sexually abused?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
3a	Do children lead adults on sexually?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Do children do sexy things so that men will get turned on and want to have sex with them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
4	Is it wrong to force a child to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
5 a*	Can children be abused by people they know, as well as strangers?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Can a child be abused by family members like their father , their mother or their uncle?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
6	Can you show you love a child by having sex with them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
7	Do adults have sex with children to scare them?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
8 *	If a man has sex or masturbates in front of a child is it just a bit of fun?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
9	If a girl is old enough to have periods is she old enough to have sex?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
10a	Can a ten year old decide whether to have sex or not?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b	If a child was 10 years old would they be able to decide to have sex with a man?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
11a	Do you think sex with children does harm if the adult is gentle?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	If the adult is gentle would sex cause harm to the child?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
12*	Does making a child watch you masturbate do them any harm?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
13a*	After a few years would a child get over being sexually abused?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>
b*	Would a child ever fully recover from being sexually abused or would they be okay in a few weeks or years ?	Weeks <input type="checkbox"/> Don't know <input type="checkbox"/> Never recover <input type="checkbox"/>

QACSO SCORING CRITERIA

KEY: 0 = Socially appropriate response

1 = Don't know

2 = Socially inappropriate response

TOPIC 1 : RAPE AND ATTITUDES TO WOMEN

NO	QUESTIONS	RESPONSE AND SCORE		
		YES	DK	NO
1 a	Is it possible for any woman to be raped?	0	1	2
b*	Is it only women who wear tight clothes that can be raped?	2	1	0
c	Could a woman wearing her Sunday best clothes be raped?	0	1	2
2 a	Do you think that women who go around braless or in tight clothes want to have sex?	2	1	0
b	Is she asking for it?	2	1	0
3 a	Do you think that a woman can stop a man from raping her if she wanted to?	2	1	0
b	Could a woman stop a man from raping her by shouting or fighting him off of her?	2	1	0
c*	If the rape goes ahead does that mean that she wants it?	2	1	0
4 a	Are women often partly to blame for the rape taking place?	2	1	0
b	Do some women lead men on?	2	1	0
5 a	If a woman gets drunk at a party and has sex with a man there is she fair game for anyone else?	2	1	0
b	At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?	2	1	0
6	Are women just a load of bitches?	2	1	0
7 a*	Can women who have had sex with a lot of men still be raped?	0	1	2
b	Is she asking for it?	2	1	0
8	Do women lie about being raped?	2	1	0
9 a	Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?	0	1	2
b	If a woman lets a man touch and kiss her and then suddenly says she wants him to stop, is it okay for him to keep going?	2	1	0
10a	Can you show a woman that you love her by forcing her to have sex with you?	2	1	0
b	Is it okay to force a woman to have sex?	2	1	0
11	If a man rapes a woman is it just a bit of fun?	2	1	0
12a	Do men rape women to scare or frighten them?	0	1	2
b*	Do men rape women to gain power over them?	0	1	2
13	Do women make too much fuss about sexual assault?	2	1	0
14*	Do you think that if a woman is raped that it would cause her any harm?	0	1	2
15	If a woman was raped do you think that it would take her a few weeks or longer to get over it?	2	1	0

TOPIC 2 : VOYEURISM

NO	QUESTIONS	RESPONSE AND SCORE		
		YES	DK	NO
1	Do women who don't close their curtains when they are in their underwear want people to look at them?	2	1	0
2 a	Do women like men to stare at their bodies?	2	1	0
b	Does it makes them feel attractive?	2	1	0
3 a	If a woman has a big pair of boobs is it only natural to have a good look?	2	1	0
b*	Is it right to have a good look?	2	1	0
4	If a woman is wearing a short skirt does it mean that she wants men to look up it?	2	1	0
5	Do some women make up stories about men looking through curtains at them?	2	1	0
6 *	Is staring at a woman's body a good way of showing her that you find her attractive?	2	1	0
7	Do men stare at women to scare them?	0	1	2
8 *	If a man stares at a woman is he just having a bit of fun?	2	1	0
9 a	Is it okay to stare at a woman if you don't touch her?	2	1	0
b	Is there any harm in staring at a woman?	0	1	2
10	If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?	2	1	0

TOPIC 3 : EXHIBITIONISM

NO	QUESTIONS	RESPONSE AND SCORE		
		YES	DK	NO
1 a	Do you think a woman has to look when a man flashes at her?	0	1	2
b	Could a woman walk away when a man flashes at her?	2	1	0
2 a	If a woman looks at a flasher is it her fault?	2	1	0
b	Is it the man's fault if a woman looks at him when he flashes?	0	1	2
3 a	Do women just pretend to be shocked when they see a penis?	2	1	0
b	When a man shows his penis to a woman does it really turn her on?	2	1	0
4 a	Do most women laugh about being flashed at ?	2	1	0
b	Do women think that it is a bit of fun?	2	1	0
5 *	Is flashing at someone a good way to show them that you want to have sex?	2	1	0
6 a*	Do men flash to scare women?	0	1	2
b*	Do men enjoy scaring woman by flashing at them?	0	1	2
7	Do you think that a woman would be harmed by a man flashing at her?	0	1	2
8	Do you think that it would take a woman years or a few days to get over being flashed at?	0	1	2

TOPIC 4 : DATING ABUSE

NO	QUESTIONS	RESPONSE AND SCORE		
		YES	DK	NO
1 *	Is it okay to kiss in public, on the street?	0	1	2
2	Do you think a woman should expect a man to try it on on a date?	2	1	0
3 *	If you ask a girl out for a date should she know that you want to have sex?	2	1	0
4	If a girl invites you back to her place for a coffee is she really offering to have sex?	2	1	0
5 a	Do you think it's okay to expect sex on the first date?	2	1	0
b*	If you are on the first date is it okay to expect the girl to have sex with you?	2	1	0
6	If a girl makes out that she does not want to kiss is she playing a game?	2	1	0
7 a	Would a woman think that you found her ugly, if you didn't ask her to have sex with you?	2	1	0
b	If you don't ask a woman to have sex will she think you don't like her?	2	1	0
8	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?	0	1	2

TOPIC 5 : HOMOSEXUAL ASSAULT

NO	QUESTIONS	RESPONSE AND SCORE		
		YES	DK	NO
1	Is it okay for men to have sex together?	0	1	2
2	If a man approached you for sex would you hit him or tell someone?	2	1	2
3	If a man does not want to have sex can he be forced to by another man?	0	1	2
4 a	If a man does not try to fight his way out of a rape does he want to have sex?	2	1	0
b	Could a man stop another man from raping him?	2	1	0
5	Do men just say that they were raped because they are ashamed of being gay?	2	1	0
6	If a man forced another man to have sex, would this be a good way of showing him that he found him attractive?	2	1	0
7 a*	Would a man rape another man to scare him?	0	1	2
b*	Would a man rape another man to get power over him?	0	1	2
8 *	If a man tries to force another man or boy to have sex is he just having a bit of fun?	2	1	0
9 *	If a man is raped by another man does it cause him harm?	0	1	2
10	Would it take a man a few weeks or longer to get over being raped by another man?	2	1	0

TOPIC 6 : PAEDOPHILIA

NO	QUESTIONS	RESPONSES AND SCORES		
		YES	DK	NO
1	Do some children enjoy having sex with adults?	2	1	0
2	Do children make up stories about being sexually abused?	2	1	0
3a	Do children lead adults on sexually?	2	1	0
b*	Do children do sexy things so that men will get turned on and want to have sex with them?	2	1	0
4	Is it wrong to force a child to have sex?	0	1	2
5 a*	Can children be abused by people they know, as well as strangers?	0	1	2
b*	Can a child be abused by family members like their father , their mother or their uncle?	0	1	2
6	Can you show you love a child by having sex with them?	2	1	0
7	Do adults have sex with children to scare them?	0	1	2
8 *	If a man has sex or masturbates in front of a child is it just a bit of fun?	2	1	0
9	If a girl is old enough to have periods is she old enough to have sex?	2	1	0
10a	Can a ten year old decide whether to have sex or not?	2	1	0
b	If a child was 10 years old would they be able to decide to have sex with a man?	2	1	0
11a	Do you think sex with children does harm if the adult is gentle?	0	1	2
b*	If the adult is gentle would sex cause harm to the child?	0	1	2
12*	Does making a child watch you masturbate do them any harm?	0	1	2
13a*	After a few years would a child get over being sexually abused?	2	1	0
b*	Would a child ever fully recover from being sexually abused or would they be okay in a few weeks or years ?	2	1	0

QACSO - REVISED QUESTION SHEET (TYPE 1)

TOPIC 1 : RAPE AND ATTITUDES TO WOMEN

NO	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION:</p> <p>“What does it mean to be raped?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When <u>someone is forced</u> by another person <u>to have sexual intercourse</u> (sex).</p> <p>If responds by saying - when a man forces (makes) a woman to have sex with him then ASK “Can a man be forced by another man to have sex”. If says no then say that they can and repeat the original question to be answered in full.</p>
1b*	Is it only women who wear tight clothes that can be raped?
c	Could a woman wearing her Sunday best clothes be raped?
2 a	Do you think that women who go around braless or in tight clothes want to have sex?
b	Is she asking for it?
3 a	Do you think that a woman can stop a man from raping her if she wanted to?
c*	If the rape goes ahead does that mean that she wants it?
5 a	If a woman gets drunk at a party and has sex with a man there is she fair game for anyone else?
6	Are women just a load of bitches?
7 a*	Can women who have had sex with a lot of men still be raped?
b	Is she asking for it?
9 b	If a woman lets a man touch and kiss her and then suddenly says she wants him to stop, is it okay for him to keep going?
10a	Can you show a woman that you love her by forcing her to have sex with you?
12 b*	Do men rape women to gain power over them?
13	Do women make too much fuss about sexual assault?
14*	Do you think that if a woman is raped that it would cause her any harm?
15	If a woman was raped do you think that it would take a few weeks or longer to get over it?
APPENDIX OF REJECTED ITEMS	
1 a	Is it possible for any woman to be raped?
3 b	Could a woman stop a man from raping her by shouting or fighting him off of her ?
4 a	Are women often partly to blame for the rape taking place?
b	Do some women lead men on?
5 b	At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?
8	Do women lie about being raped?
9 a	Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?
10 b	Is it okay to force a woman to have sex?
11	If a man rapes a woman is it just a bit of fun?
12a	Do men rape women to scare or frighten them?

TOPIC 2 : VOYEURISM

NO	QUESTIONS
3 b*	Is it right to have a good look?
4	If a woman is wearing a short skirt does it mean that she wants men to look up it?
6 *	Is staring at a woman's body a good way of showing her that you find her attractive?
8 *	If a man stares at a woman is he just having a bit of fun?
9 b	Is there any harm in staring at a woman?
APPENDIX OF REJECTED ITEMS	
1	Do women who don't close their curtains when they are in their underwear want people to look at them?
2 a	Do women like men to stare at their bodies?
b	Does it makes them feel attractive?
3 a	If a woman has a big pair of boobs is it only natural to have a good look?
5	Do some women make up stories about men looking through curtains at them?
7	Do men stare at women to scare them?
9a	Is it okay to stare at a woman if you don't touch her ?
10	If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?

TOPIC 3 : EXHIBITIONISM

NO	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION:</p> <p>“ What does it mean to flash?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When a <u>man shows</u> (exposes) his <u>private parts</u> (penis) in public. Accept the wording in the brackets.</p>
2 a	If a woman looks at a flasher is it her fault?
b	Is it the man's fault if a woman looks at him when he flashes?
3 a	Do women just pretend to be shocked when they see a penis?
b	When a man shows his penis to a woman does it really turn her on?
4 a	Do most women laugh about being flashed at ?
b	Do women think that it is a bit of fun?
5 *	Is flashing at someone a good way to show women that you want to have sex ?
6 a*	Do men flash to scare women?
b*	Do men enjoy scaring woman by flashing at them?
7	Do you think that a woman would be harmed by a man flashing at her?
APPENDIX OF REJECTED ITEMS	
1 a	Do you think a woman has to look when a man flashes at her?
b	Could a woman walk away when a man flashes at her?
8	Do you think that it would take a woman years or a few days to get over being flashed at?

TOPIC 4 : DATING ABUSE

NO	QUESTIONS
1*	Is it okay to kiss in public, on the street?
2	Do you think a woman should expect a man to try it on on a date?
3*	If you ask a girl out for a date should she know that you want to have sex?
4	If a girl invites you back to her place for a coffee is she really offering to have sex?
5 b*	If you are on the first date is it okay to expect the girl to have sex with you?
6	If a girl makes out that she does not want to kiss is she playing a game?
7 a	Would a woman think that you found her ugly, if you didn't ask her to have sex with you?
b	If you don't ask a woman to have sex will she think you don't like her?
APPENDIX OF REJECTED ITEMS	
5 a	Do you think it's okay to expect sex on the first date?
8	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?

TOPIC 5 : HOMOSEXUAL ASSAULT

NO	QUESTIONS
	<p>DIRECTIONS: 1) Ask the question 2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>QUESTION: "What does it mean to be homosexual /gay?"</p> <p>APPROPRIATE RESPONSE: When a man or woman is sexually attracted to members of the same sex. Also accept - when a <u>man is attracted</u> or has <u>sex with another man</u>.</p>
3	If a man does not want to have sex can he be forced to by another man?
4 a	If a man does not try to fight his way out of a rape does he want to have sex?
5	Do men just say that they were raped because they are ashamed of being gay?
6	If a man forced another man to have sex, would this be a good way of showing him that he found him attractive?
7 a*	Would a man rape another man to scare him?
b*	Would a man rape another man to get power over him?
8 *	If a man tries to force another man or boy to have sex is he just having a bit of fun?
9 *	If a man is raped by another man does it cause him harm?
10	Would it take a man a few weeks or longer to get over being raped by another man?
APPENDIX OF REJECTED ITEMS	
1	Is it okay for men to have sex together?
2	If a man approached you for sex would you hit him or tell someone?
4 b	Could a man stop another man from raping him?

TOPIC 6 : PAEDOPHILIA

NO.	QUESTIONS
	<p>DIRECTIONS:</p> <p>1) Ask the question</p> <p>2) If the response is inappropriate or not full enough (must include words or variants of the words that are underlined) then give the answer below and repeat the question - continue in this manner until you are given an appropriate response.</p> <p>A. QUESTION:</p> <p>“What does it mean to masturbate?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When a person feels sexy (turned on) they may <u>play with their private parts</u>. Also accept - when a <u>man plays with his penis</u>.</p> <p>B. QUESTION:</p> <p>“What does it mean to have a period?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When <u>girls</u> are between approximately <u>11 - 13</u> years of age, each <u>month blood</u> from their womb <u>comes out</u> through their vagina (<u>between their legs etc.</u>). If does not state age, frequency or where the blood comes from then ask. If unable to answer then give the correct answer and ask the question again.</p> <p>C. QUESTION:</p> <p>“What does it mean to be sexually abused?”</p> <p>APPROPRIATE RESPONSE:</p> <p>When a <u>person (child)</u> is <u>touched, kissed or made to have sexual intercourse</u> when they <u>don't want to?</u>. Accept any of the underlined answers.</p>
1	Do some children enjoy having sex with adults?
2	Do children make up stories about being sexually abused?
3 a	Do children lead adults on sexually?
b*	Do children do sexy things so that men will get turned on and want to have sex with them?
5 a*	Can children be abused by people they know, as well as strangers?
b*	Can a child be abused by family members like their father , their mother or their uncle?
6	Can you show you love a child by having sex with them?
8 *	If a man has sex or masturbates in front of a child is it just a bit of fun?
9	If a girl is old enough to have periods is she old enough to have sex?
10a	Can a ten year old decide whether to have sex or not?
11a	Do you think sex with children does harm if the adult is gentle?
b*	If the man is gentle would sex cause harm to the child?
12*	Does making a child watch you masturbate do them any harm?
13a*	After a few years would a child get over being sexually abused?
b*	Would a child ever fully get over being sexually abused or would they be okay in a few weeks or years?
APPENDIX OF REJECTED ITEMS	
4	Is it wrong to force a child to have sex?
7	Do adults have sex with children to scare them?
10 b	If a child was 10 years old would they be able to decide to have sex with a man?

APPENDIX II

VIGNETTE WITH SLIDE (RAPE)

Instructions : A man meets a woman in the park and he asks her for directions to the water fountain. The woman shows him where it is. The man then forces her onto the ground and rapes her (check individual knows what 'rape' and 'sex' mean). Record responses verbatim.

- 1a. Do you think the woman could stop the man raping her, if she wanted to?
- b. What do you think she could do to stop him?
2. Is it just a bit of fun?
3. Should the man stop touching and kissing her, if she tells him to, even if he wants to carry on?
4. Can he show her that he loves her by forcing her to have sex ? (if Yes ask if it is a good way of showing her that he loves her)
5. Why do you think the man would rape the woman?
6. Is it okay for the man to force the woman to have sex ?
- 7a. Who is to blame for the rape?
- b. Was she leading him on? (if Yes ask how she was leading him on)
8. Could anyone be harmed by this? (if Yes ask who)
9. How long would it take her to get over being raped by that man? (can use prompt of a little or long time or never if the participant does not give an answer)

VIGNETTE WITH SLIDE (PAEDOPHILIA)

Instructions : A man reads the girl a story at bedtime. He then takes her up to bed and gets into her bed and touches her private parts (bottom and chest). They then have sex. Check that the individual knows what 'private parts' and 'sex' mean. Record responses verbatim.

1. Do you think that the girl enjoyed having sex with the man?
2. Is it just a bit of fun?
3. Can the man show the girl that he loves her by having sex with her ? (if yes ask is it a good way of showing her that the man loves her)
4. Why do you think the man would have sex with the girl?
5. Is it okay for the man to have sex with the girl?
6. Who is to blame for this ?
7. Was she leading him on ? (if Yes ask how was she leading him on)
8. Do you think she would make up stories about having sex with the man ?
9. The girl is ten, is she old enough to have sex ?
10. Could anyone be harmed by this ? (if Yes ask who)
11. How long do you think it would take her to get being raped by the man ? (can use a prompt of alittle, long or never if participant does not come up with an answer)

SPECIFIC OFFENCE QUESTIONNAIRE-(RAPE)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

1a. Do you think she could have stopped you raping her if she wanted to?

b. Could she have stopped you by shouting or fighting you off?

c. Do you think she wanted it?

2a. Was she partly to blame for the rape taking place?

b. Did she lead you on?

3. Was she a bitch?

4a. Do you think she could be raped by other men?

5. Did she lie about the rape?

6. Did she say no to sex?

7a. Should you have carried on when she asked you to stop?

b. Was it okay for you to keep going when she said no?

8a. Was raping her a good way of showing her that you loved her?

b. Was it okay to force her to have sex?

9. Was it just a bit of fun?

10a. Did you rape her to scare or frighten her?

b. Did you rape her to gain power over her?

11. Do you think she made too much fuss about the rape?

12. Do you think the rape caused her any harm?

13. Do you think it will take her a few weeks or longer to get over it?

SPECIFIC OFFENCE QUESTIONNAIRE-(VOYEURISM)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

- 1a. Do you think she liked it when you stared at her?
- b. Do you think it made her feel attractive when you stared at her?
- 2a. Do you think it was natural to look/stare at her?
- b. Was it okay to have a good look?
3. Do you think she wanted you to look at her?
4. Was she lying about you?
- 5a. Did you find her attractive?
- b. Was staring at her a good way of showing her that you found her attractive?
6. Did you stare at her to scare her?
7. Did you do it for a bit of fun?
- 8a. Do you think it was okay to stare at her?
- b. Was it okay to stare as long as you didn't touch her?
9. Do you think you caused her any harm by staring at her?
10. Do you think she was upset for a few minutes or longer?

SPECIFIC OFFENCE QUESTIONNAIRE-(EXHIBITIONISM)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

- 1a. Do you think she had to look when you flashed at her?
- b. Do you think she could have walked away when you flashed at her?

- 2a. Was it her fault that you flashed at her?
- b. Was it your fault that she looked at you when you flashed at her?

- 3a. Do you think she pretended to be shocked when she saw your penis?
- b. Do you think that she was turned on when you flashed at her?

- 4a. Did she laugh at you?
- b. Do you think she laughed at you flashing at her?
- c. Do you think that she thought it was a bit of fun?

- 5. Do you think that flashing at her was a good way of showing her that you wanted to have sex/like with her?

- 6a. Did you flash to scare her?
- b. Did you do it for a bit of fun?

- 7. Do you think she was harmed by you flashing at her?

- 8. Do you think it would take her years or a few days to get over it?

SPECIFIC OFFENCE QUESTIONNAIRE-(DATING ABUSE)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

1. Do you think she should have expected you to try it on on your date?
2. Do you think she should have known that you wanted to have sex when you asked her out?
- 3a. Did she invite you for a coffee/back to her place?
- b. When she invited you back for a coffee was she really offering to have sex?
- 4a. Do you think it was okay to expect sex on the first date?
- b. Was she asking for it?
5. When she let you know that she did not want to kiss was she playing a game?
- 6a. Would she have thought she was ugly if you hadn't ask her to have sex?
- b. If you hadn't asked her to have sex, would she have thought you didn't like her?
7. When you kept trying to make her have sex, after she had said no, do you think she was upset?
8. Do you think you have caused her any harm?
9. Do you think it will take her a few weeks or longer to get over it?

SPECIFIC OFFENCE QUESTIONNAIRE-(HOMOSEXUAL ASSAULT)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

- 1a. Do you think that he wanted to have sex?
- b. Do you think he could have fought you off if he wanted to?
- 2. Did he say you raped him because he was ashamed of being gay?
- 3. When you forced him to have sex, was it a good way of showing him that you found him attractive?
- 4a. Did you rape him to scare him?
- b. Did you rape him to get power over him?
- 5. Was it just a bit of fun when you forced him to have sex?
- 6. Do you think it caused him harm when you raped him?
- 7. Do you think it will take a few weeks or longer for him to get over it?

SPECIFIC OFFENCE QUESTIONNAIRE-(PAEDOPHILIA)

DIRECTIONS: I'm going to ask you some questions about what you were thinking at the time of your offence (use specifics of index offence committed). Only ask relevant questions depending on circumstances of index offence and answers to previous questions.

1. Do you think she enjoyed having sex/you touching her?
2. Do you think the girl made up stories/lies about being sexually abused by you?
- 3a. Did she lead you on?
 - b. Do you think that she did sexy things to turn you on?
4. Was it wrong to force her to have sex?
5. Can you show her you love her by having sex with her?
6. Did you have sex with her to scare her?
7. Was it just a bit of fun when you had sex (or masturbated) with her?
- 8a. Was she old enough to have sex?
 - b. Was she old enough to decide to have sex with you?
- 9a. Do you think that you harmed her?
 - b. If you were gentle, do you think you could have harmed her?
10. When you made her watch you masturbate, do you think it did her any harm?
- 11a. Do you think she will get over the abuse in a few years time?
 - b. Do you think she will ever fully get over it or will she be okay in a few weeks or years?

CAUSAL ATTRIBUTIONS FOR SEXUAL OFFENDING INSTRUCTIONS FOR QUESTIONING

FORM A

This questionnaire can be used to obtain information in an initial assessment of an individual who has offended sexually. It can also be used as a retrospective measure during treatment to obtain information about an individuals attributions they made when they offended sexually (using the questionnaire in the latter way may of course not be as reliable due to possible recall difficulties and social desirability given the individual has already started treatment). The questionnaire responses can then be used to identify specific areas which can be addressed for motivation and treatment of the individual.

FORM B

This questionnaire can be used to obtain information about an individuals attributions towards their offending behaviour during treatment. The questions are directed towards how an individual feels and thinks now rather than at the time of their offence. The responses can then be compared with their pre-treatment responses to highlight any areas of change in an individuals attributions in their offending behaviour. This information can then be used as part of a fuller assessment to inform decisions about an individuals treatment progress, risk of re-offending and hence possible suitability for discharge.

Directions:- Use the specific details of the individuals offence type when questioning. This should help the individual remember how they felt and what their attributions were at that time.

FORM A, for example

1. When you touched that woman's breast, do you think you could have controlled what you did?

If individual replies yes, then break the response into two parts i.e. was it very easy to control or could you control it a bit?

If the individual replies no, then break the response into two parts i.e. was it difficult or impossible to control?

Then circle the appropriate response on the question sheet.

FORM B, for example

1. If you were with a woman now and you wanted to touch her breast (fancied her), do you think you could control your behaviour?

If individual replies yes, then break the response down into two parts i.e. would it be easy to control or would you only be able to control what you do a bit?

If individual replies no, then break response down into two parts i.e. do you think it would be difficult or impossible to control what you do?

CAUSAL ATTRIBUTIONS FOR SEXUAL OFFENDING BEHAVIOUR - FORM A

Instructions : Think about when you offended (use specifics of offence). Think about the way you felt then, what you did and why you did it. There are probably a number of reasons why you committed the offence for which you are on probation. When answering the questions think about the most important reason for your offending. Use the specifics of the offence throughout questioning, circle the appropriate response.

1. How much do you think you could have controlled your behaviour when you offended ?

very easy to control	can control it a bit	a bit of both	difficult to control	impossible to control
5	4	3	2	1

2. Was the feeling you had when you offended to do with you i.e. within you or to do with the situation i.e. who you were with and where you were.

completely to do with you	a bit to do with you	a bit of both	a bit to do with situation	completely situation
5	4	3	2	1

3. Was the feeling always there or was it a temporary feeling i.e. just there now and then or the one time ?

feeling was always there	had feeling most of time	had feeling some of the time	feeling there now and then	feeling been there once
5	4	3	2	1

4. Who was to blame for that feeling you had when you offended?

you were all to blame	you were a bit to blame	a bit of both	others were a bit to blame	others were all to blame
5	4	3	2	1

5. Could you have stopped yourself feeling that way when you offended ?

very easy to stop self	stop self a bit	a bit of both	difficult to stop self	impossible to stop self
5	4	3	2	1

6. Is the feeling you had when you offended something that was inside you or to do with what was happening outside you ?

outside you all the time	outside you a bit of the time	a bit of both	inside you a bit of the time	inside you all the time
1	2	3	4	5

7. Is the feeling you had when you offended something that changes from time to time or stays the same?

changes all the time time	changes most of the time	changes some of the time	stays same most of the time	stays same all the
1	2	3	4	5

8. Who was to blame for the offence, was it yourself or was it others or the situation ?

others(or situation) were all to blame	others(or situation) were a bit to blame	a bit of both	you were a bit to blame	you were all to blame
1	2	3	4	5

9. The feeling you had when you offended, was it something you could have held back?

very easy to hold back	hold back a bit	a bit of both	difficult to hold back	impossible to hold back
5	4	3	2	1

10. The way you felt when you offended, was that something to do with you or other people?

all to do with you	a little to do with you	a bit of both	a little to do with others	all to do with others
5	4	3	2	1

11. Is the feeling you had when you offended something that changes?

never changes	changes a little	sometimes changes	changes quite a lot	changes all the time
5	4	3	2	1

12. When you offended, was it your fault or the fault of others ?

all your fault	some of your fault	a bit of both	some of their fault	all their fault
5	4	3	2	1

Adapted from M.M. McKay et al, 1996.

CAUSAL ATTRIBUTIONS FOR SEXUAL OFFENDING BEHAVIOUR - FORM B

Instructions : Think about when you offended (use specifics of offence). Think about the way you felt then, what you did and why you did it. There are probably a number of reasons why you committed the offence for which you are on probation. When answering the questions think about the most important reason for your offending. If you were in a similar situation now and felt like that again :-(use specifics of offence throughout questioning). Circle the appropriate response for each of the questions.

1. How much do you think you could control your behaviour now ?

very easy to control	can control it a bit	a bit of both	difficult to control	impossible to control
5	4	3	2	1

2. If you felt that way now would the feeling be to do with you i.e. within you or to do with the situation i.e. who you were with and where you were.

completely to do with you	a bit to do with you	a bit of both	a bit to do with situation	completely situation
5	4	3	2	1

3. If you in that situation now (use specifics of offence) would the feeling always be there or would it be a temporary feeling i.e. just there now and then or that one time ?

would always be there	would be there most of time	be there some of the time	be there now and then	be there once
5	4	3	2	1

4. If you were in that situation now and reoffended, who would be to blame?

you would be all to blame	you would be a bit to blame	a bit of both	others would be a bit to blame	others would be all to blame
5	4	3	2	1

5. Could you stop yourself feeling that way now ?

very easy to stop self	stop self a bit	a bit of both	difficult to stop self	impossible to stop self
5	4	3	2	1

6. Would the feeling be something that was inside you or to do with what was happens outside you ?

outside you all the time	outside you a bit of the time	a bit of both	inside you a bit of the time	inside you all the time
1	2	3	4	5

7. If you were in the same situation now, would the feeling be something that changes from time to time or stays the same?

changes all the time	changes most of the time	changes some of the time	stays same most of the time	stays same all the time
1	2	3	4	5

8. Who would be to blame for the feeling you had ?, would it be yourself or would it be others or the situation?

others(or situation) would be all to blame	others(or situation) would be a bit to blame	a bit of both	you would be a bit to blame	you would be all to blame
1	2	3	4	5

9. If you got that feeling again do you think you could hold back?

very easy to hold back	hold back a bit	a bit of both	difficult to hold back	impossible to hold back
5	4	3	2	1

10. If you had that feeling now, do you think it would be something to do with you or with other people?

all to do with you	a little to do with you	a bit of both	a little to do with others	all to do with others
5	4	3	2	1

11. If you were in the that situation again, would the feeling be something that changes?

never changes	changes a little	sometimes changes	changes quite a lot	changes all the time
5	4	3	2	1

12. If you offended again whose fault would it be, yours or the fault of others ?

all your fault	some of your fault	a bit of both	some of their fault	all their fault
5	4	3	2	1

Adapted from M.M. McKay et al, 1996.

APPENDIX III

Topic 1 : Rape and Attitudes To Women

Key: .00 = socially appropriate response
1.00 = Don't Know
2.00 = socially inappropriate response

Q 1a. Is it possible for any woman to be raped ?

T1_1A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	14	15	35	64
	15.1	16.9	32.0	88.9%
	82.4%	78.9%	97.2%	
2.00	3	4	1	8
	1.9	2.1	4.0	11.1%
	17.6%	21.1%	2.8%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	-----	-----
Pearson	5.16786	2	.07548

Q 1b. Is it only women who wear tight clothes that can be raped?

T1_1B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8	17	35	60
	14.4	16.1	29.6	84.5%
	47.1%	89.5%	100.0%	
1.00	1	1	0	2
	.5	.5	1.0	2.8%
	5.9%	5.3%	.0%	
2.00	8	1	0	9
	2.2	2.4	4.4	12.7%
	47.1%	5.3%	.0%	
Column	17	19	35	71
Total	23.9%	26.8%	49.3%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	-----	-----
Pearson	26.94190	4	.00002

Q 1c. Could a woman wearing her Sunday best clothes be raped?

T1_1C	GROUP			
	Count	Sex off	LD	Normal
	Exp Val	LD	controls	controls
	Col Pct	1.00	2.00	3.00
		Row Total		
.00	12	15	35	62
	14.6	16.4	31.0	86.1%
	70.6%	78.9%	97.2%	
1.00	1	0	0	1
	.2	.3	.5	1.4%
	5.9%	.0%	.0%	
2.00	4	4	1	9
	2.1	2.4	4.5	12.5%
	23.5%	21.1%	2.8%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
Pearson	9.82883	4	.04341

Q 2a. Do you think that women who go around braless or in tight clothes want to have sex?

T1_2A	GROUP			
	Count	Sex off	LD	Normal
	Exp Val	LD	controls	controls
	Col Pct	1.00	2.00	3.00
		Row Total		
.00	7	12	31	50
	11.8	13.2	25.0	69.4%
	41.2%	63.2%	86.1%	
1.00	1	1	3	5
	1.2	1.3	2.5	6.9%
	5.9%	5.3%	8.3%	
2.00	9	6	2	17
	4.0	4.5	8.5	23.6%
	52.9%	31.6%	5.6%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
Pearson	15.38451	4	.00397

Q 2b. Is she asking for it?

T1_2B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	4 10.9 23.5%	7 12.1 36.8%	35 23.0 97.2%	46 63.9%
1.00	0 .5 .0%	1 .5 5.3%	1 1.0 2.8%	2 2.8%
2.00	13 5.7 76.5%	11 6.3 57.9%	0 12.0 .0%	24 33.3%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square				
Value				
DF				
Significance				
Pearson	38.59416	4	.00000	

Q 3a. Do you think that a woman can stop a man from
raping her if she wanted to?

T1_3A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	2 7.6 11.8%	5 8.4 26.3%	25 16.0 69.4%	32 44.4%
1.00	0 2.4 .0%	1 2.6 5.3%	9 5.0 25.0%	10 13.9%
2.00	15 7.1 88.2%	13 7.9 68.4%	2 15.0 5.6%	3 41.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square				
Value				
DF				
Significance				
Pearson	40.51013	4	.00000	

Q 3b. Could a woman stop a man from raping her by shouting or fighting him off of her?

T13B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	1 5.7 5.9%	6 6.3 31.6%	17 12.0 47.2%	24 33.3%
1.00	1 1.7 5.9%	0 1.8 .0%	6 3.5 16.7%	7 9.7%
2.00	15 9.7 88.2%	13 10.8 68.4%	13 20.5 36.1%	41 56.9%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	15.94117	4	.00310

Q 3c. If the rape goes ahead does that mean that she wants it?

T1_3C

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	7 13.5 41.2%	14 15.0 73.7%	36 28.5 100.0%	57 79.2%
1.00	0 .5 .0%	2 .5 10.5%	0 1.0 .0%	2 2.8%
2.00	10 3.1 58.8%	3 3.4 15.8%	0 6.5 .0%	13 18.1%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	32.92664	4	.00000

Q 4a. Are women often partly to blame for the rape taking place?

T1_4A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8 9.0 47.1%	8 10.0 42.1%	22 19.0 61.1%	38 52.8%
1.00	1 2.1 5.9%	1 2.4 5.3%	7 4.5 19.4%	9 12.5%
2.00	8 5.9 47.1%	10 6.6 52.6%	7 12.5 19.4%	25 34.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square	Value		DF	Significance
-----	-----		----	-----
Pearson	8.68986		4	.06934

Q 4b. Do some women lead men on?

T1_4B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5 2.6 29.4%	1 2.9 5.3%	5 5.5 13.9%	11 15.3%
1.00	1 1.4 5.9%	0 1.6 .0%	5 3.0 13.9%	6 8.3%
2.00	11 13.0 64.7%	18 14.5 94.7%	26 27.5 72.2%	55 76.4%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square	Value		DF	Significance
-----	-----		----	-----
Pearson	7.77775		4	.10007

Q 5a. If a woman gets drunk at a party and has sex with a man there is she fair game for anyone else?

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
T1_5A	.00	10 12.8 58.8%	8 14.3 42.1%	36 27.0 100.0%
	1.00	1 .7 5.9%	2 .8 10.5%	0 1.5 .0%
	2.00	6 3.5 35.3%	9 4.0 47.4%	0 7.5 .0%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square		Value	DF	Significance
-----		-----	----	-----
Pearson		25.42663	4	.00004

Q 5b. At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
T1_5B	.00	12 14.9 75.0%	18 17.7 94.7%	36 33.5 100.0%
	1.00	1 .2 6.3%	0 .3 .0%	0 .5 .0%
	2.00	3 .9 18.8%	1 1.1 5.3%	0 2.0 .0%
Column	16	19	36	71
Total	22.5%	26.8%	50.7%	100.0%
Chi-Square		Value	DF	Significance
-----		-----	----	-----
Pearson		11.10967	4	.02536

Q 6. Are women just a load of bitches?

T1_6

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8 13.2 47.1%	13 14.8 68.4%	35 28.0 97.2%	56 77.8%
1.00	2 .7 11.8%	0 .8 .0%	1 1.5 2.8%	3 4.2%
2.00	7 3.1 41.2%	6 3.4 31.6%	0 6.5 .0%	13 18.1%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square	Value	DF	Significance	
Pearson	20.79788	4	.00035	

Q 7a. Can women who have had sex with a lot of men still be raped?

T1_7A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	9 13.9 52.9%	17 15.6 89.5%	33 29.5 91.7%	59 81.9%
1.00	0 .2 .0%	1 .3 5.3%	0 .5 .0%	1 1.4%
2.00	8 2.8 47.1%	1 3.2 5.3%	3 6.0 8.3%	12 16.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square	Value	DF	Significance	
Pearson	17.48531	4	.00156	

Q 7b. Is she asking for it?

T1_7B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	6	7	33	46
	11.2	12.5	22.3	65.7%
	35.3%	36.8%	97.1%	
1.00	0	2	1	3
	.7	.8	1.5	4.3%
	.0%	10.5%	2.9%	
2.00	11	10	0	21
	5.1	5.7	10.2	30.0%
	64.7%	52.6%	.0%	
Column	17	19	34	70
Total	24.3%	27.1%	48.6%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	32.75531	4	.00000

Q 8. Do women lie about being raped?

T1_8

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	9	9	12	30
	7.1	7.9	15.0	41.7%
	52.9%	47.4%	33.3%	
1.00	1	2	9	12
	2.8	3.2	6.0	16.7%
	5.9%	10.5%	25.0%	
2.00	7	8	15	30
	7.1	7.9	15.0	41.7%
	41.2%	42.1%	41.7%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	4.38483	4	.35642

Q 9a. Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?

T1_9A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	12	15	34	61
	14.4	16.1	30.5	84.7%
	70.6%	78.9%	94.4%	
1.00	2	1	0	3
	.7	.8	1.5	4.2%
	11.8%	5.3%	.0%	
2.00	3	3	2	8
	1.9	2.1	4.0	11.1%
	17.6%	15.8%	5.6%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square	Value		DF	Significance
-----	-----		-----	-----
Pearson	6.81536		4	.14597

Q 9b. If a woman lets a man touch and kiss her and then suddenly says she wants him to stop, is it okay for him to keep going?

T1_9B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	12	19	35	66
	15.6	17.4	33.0	91.7%
	70.6%	100.0%	97.2%	
1.00	2	0	1	3
	.7	.8	1.5	4.2%
	11.8%	.0%	2.8%	
2.00	3	0	0	3
	.7	.8	1.5	4.2%
	17.6%	.0%	.0%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square	Value		DF	Significance

Pearson	14.10873		4	.00696

Q 10a. Can you show a woman that you love her by forcing her to have sex with you?

T1_10A	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	12 15.1 70.6%	16 16.9 84.2%	36 32.0 100.0%	64 88.9%	
2.00	5 1.9 29.4%	3 2.1 15.8%	0 4.0 .0%	8 11.1%	
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square		Value		DF	
-----		-----		-----	
Pearson		10.68576		2	

Q 10b. Is it okay to force a woman to have sex?

T1_10B	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	16	17	36	69	
	16.3	18.2	34.5	95.8%	
	94.1%	89.5%	100.0%		
2.00	1	2	0	3	
	.7	.8	1.5	4.2%	
	5.9%	10.5%	.0%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square		Value		DF	Significance
-----		-----		----	-----
Pearson		3.61502		2	.16406

Q 11. If a man rapes a woman is it just a bit of fun?

T1_11

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	1 1.9 50.0%	18 18.3 94.7%	34 32.8 100.0%	53 96.4%
2.00	1 .1 50.0%	1 .7 5.3%	0 1.2 .0%	2 3.6%
Column	2	19	34	55
Total	3.6%	34.5%	61.8%	100.0%
Chi-Square	Value		DF	Significance
Pearson	13.69538		2	.00106

Q 12a. Do men rape women to scare or frighten them?

T1_12A_

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	11 9.4 64.7%	14 10.6 73.7%	15 20.0 41.7%	40 55.6%
1.00	3 4.3 17.6%	3 4.8 15.8%	12 9.0 33.3%	18 25.0%
2.00	3 3.3 17.6%	2 3.7 10.5%	9 7.0 25.0%	14 19.4%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square	Value		DF	Significance
Pearson	6.01939		4	.19770

Q 12b. Do men rape women to gain power over them?

T1_12B	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	6	14	23	43	
	10.2	11.3	21.5	59.7%	
	35.3%	73.7%	63.9%		
1.00	4	3	10	17	
	4.0	4.5	8.5	23.6%	
	23.5%	15.8%	27.8%		
2.00	7	2	3	12	
	2.8	3.2	6.0	16.7%	
	41.2%	10.5%	8.3%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square		Value		DF	Significance
-----		-----		----	-----
Pearson		11.23776		4	.02402

Q 13. Do women make too much fuss about sexual assault?

T1_13

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5	7	31	43
	10.2	11.3	21.5	59.7%
	29.4%	36.8%	86.1%	
1.00	2	1	5	8
	1.9	2.1	4.0	11.1%
	11.8%	5.3%	13.9%	
2.00	10	11	0	21
	5.0	5.5	10.5	29.2%
	58.8%	57.9%	.0%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square	Value		DF	Significance
-----	-----		----	-----
Pearson	0.32228		4	.00000

Q 14. Do you think that if a woman is raped that it would cause her any harm?

T1_14_	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	11	18	35	64	
	15.1	16.9	32.0	88.9%	
	64.7%	94.7%	97.2%		
1.00	1	1	1	3	
	.7	.8	1.5	4.2%	
	5.9%	5.3%	2.8%		
2.00	5	0	0	5	
	1.2	1.3	2.5	6.9%	
	29.4%	.0%	.0%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square		Value	DF	Significance	
-----		-----	-----	-----	
Pearson		17.99087	4	.00124	

Q 15. If a woman was raped do you think that it would take her a few weeks or longer to get over it?

T1_15_	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	10	14	35	59	
	13.9	15.6	29.5	81.9%	
	58.8%	73.7%	97.2%		
1.00	1	2	1	4	
	.9	1.1	2.0	5.6%	
	5.9%	10.5%	2.8%		
2.00	6	3	0	9	
	2.1	2.4	4.5	12.5%	
	35.3%	15.8%	.0%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square	Value		DF	Significance	
-----	-----		----	-----	
Pearson	5.37160		4	.00399	

TOPIC 2 : VOYEURISM

KEY : .00 = socially appropriate response
 1.00 = Don't know
 2.00 = socially inappropriate response

Q 1. Do women who don't close their curtains when they are in their underwear want people to look at them?

T2_1

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5 7.1 29.4%	5 7.9 26.3%	20 15.0 55.6%	30 41.7%
1.00	2 3.3 11.8%	0 3.7 .0%	12 7.0 33.3%	14 19.4%
2.00	10 6.6 58.8%	14 7.4 73.7%	4 14.0 11.1%	28 38.9%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square	Value	DF	Significance	
Pearson	25.93071	4	.00003	

Q 2a. Do women like men to stare at their bodies?

T2_2A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	10	8	17	35
	8.3	9.2	17.5	48.6%
	58.8%	42.1%	47.2%	
1.00	0	0	13	13
	3.1	3.4	6.5	18.1%
	.0%	.0%	36.1%	
2.00	7	11	6	24
	5.7	6.3	12.0	33.3%
	41.2%	57.9%	16.7%	
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	20.29677	4	.00044

Q 2b. Does it makes them feel attractive?

T2_2B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	6 5.3 35.3%	4 5.9 21.1%	12 10.8 34.3%	22 31.0%
1.00	1 4.1 5.9%	0 4.5 .0%	16 8.4 45.7%	17 23.9%
2.00	10 7.7 58.8%	15 8.6 78.9%	7 15.8 20.0%	32 45.1%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	25.05582	4	.00005

Q3 a. If a woman has a big pair of boobs is it only natural to have a good look?

T2_3A

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	8 5.7 47.1%	7 6.3 36.8%	9 12.0 25.0%	24 33.3%
1.00	0 .9 .0%	2 1.1 10.5%	2 2.0 5.6%	4 5.6%
2.00	9 10.4 52.9%	10 11.6 52.6%	25 22.0 69.4%	44 61.1%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	4.38876	4	.35594

Q3 b. Is it right to have a good look?

T2_3B

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	7 11.3 41.2%	14 12.6 73.7%	26 23.2 74.3%	47 66.2%
1.00	0 1.7 .0%	1 1.9 5.3%	6 3.5 17.1%	7 9.9%
2.00	10 4.1 58.8%	4 4.5 21.1%	3 8.4 8.6%	17 23.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	18.23946	4	.00111

Q4.If a woman is wearing a short skirt does it mean that she wants men to look up it?

T2_4

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	9 13.0 52.9%	11 14.5 57.9%	35 27.5 97.2%	55 76.4%
1.00	2 .9 11.8%	1 1.1 5.3%	1 2.0 2.8%	4 5.6%
2.00	6 3.1 35.3%	7 3.4 36.8%	0 6.5 .0%	13 18.1%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	18.81430	4	.00085

Q5. Do some women make up stories about men looking through curtains at them?

Count Exp Val Col Pct		GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
T2_5_	.00	6 4.7 35.3%	5 5.3 26.3%	9 10.0 25.0%	20 27.8%
	1.00	2 5.2 11.8%	0 5.8 .0%	20 11.0 55.6%	22 30.6%
	2.00	9 7.1 52.9%	14 7.9 73.7%	7 15.0 19.4%	30 41.7%
Column		17	19	36	72
Total		23.6%	26.4%	50.0%	100.0%
Chi-Square		Value		DF	Significance
-----		-----		----	-----
Pearson		25.05392		4	.00005

Q6. Is staring at a woman's body a good way of showing her that you find her attractive?

Count Exp Val Col Pct		GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
T2_6_	.00	8 11.3 47.1%	13 12.6 68.4%	26 23.2 74.3%	47 66.2%
	1.00	0 .5 .0%	1 .5 5.3%	1 1.0 2.9%	2 2.8%
	2.00	9 5.3 52.9%	5 5.9 26.3%	8 10.8 22.9%	22 31.0%
Column		17	19	35	71
Total		23.9%	26.8%	49.3%	100.0%
Chi-Square		Value		DF	Significance
-----		-----		----	-----
Pearson		5.70816		4	.22203

Q7. Do men stare at women to scare them?

T2_7_

GROUP				
Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	10 6.4 58.8%	11 7.1 57.9%	6 13.5 16.7%	27 37.5%
1.00	1 3.3 5.9%	3 3.7 15.8%	10 7.0 27.8%	14 19.4%
2.00	6 7.3 35.3%	5 8.2 26.3%	20 15.5 55.6%	31 43.1%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	14.14061	4	.00686

Q8. If a man stares at a woman is he just having a bit of fun?

T2_8_

GROUP				
Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	3 6.4 17.6%	7 7.1 36.8%	17 13.5 47.2%	27 37.5%
1.00	0 3.5 .0%	3 4.0 15.8%	12 7.5 33.3%	15 20.8%
2.00	14 7.1 82.4%	9 7.9 47.4%	7 15.0 19.4%	30 41.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	20.33888	4	.00043

Q 9a. Is it okay to stare at a woman if you don't touch her?

T2_9A

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	8 9.7 47.1%	10 10.8 52.6%	23 20.5 63.9%	41 56.9%
1.00	0 .7 .0%	1 .8 5.3%	2 1.5 5.6%	3 4.2%
2.00	9 6.6 52.9%	8 7.4 42.1%	11 14.0 30.6%	28 38.9%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	3.14512	4	.53384

Q9 b. Is there any harm in staring at a woman?

T2_9B

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	5 6.6 29.4%	7 7.4 36.8%	16 14.0 44.4%	28 38.9%
1.00	0 1.7 .0%	2 1.8 10.5%	5 3.5 13.9%	7 9.7%
2.00	12 8.7 70.6%	10 9.8 52.6%	15 18.5 41.7%	37 51.4%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	4.89437	4	.29831

Q 10. If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?

T2_10_

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	12 7.7 70.6%	9 8.6 47.4%	11 15.8 31.4%	32 45.1%
1.00	1 3.8 5.9%	1 4.3 5.3%	14 7.9 40.0%	16 22.5%
2.00	4 5.5 23.5%	9 6.2 47.4%	10 11.3 28.6%	23 32.4%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	15.15355	4	.00439

TOPIC 3 : EXHIBITIONISM

Key : .00 = socially appropriate response
 1.00 = Don't know
 2.00 = socially inappropriate response

Q 1a. Do you think a woman has to look when a man flashes at her?

		GROUP			
T3_1A	Count	Sex off	LD	Normal	Row Total
	Exp Val	LD	controls	controls	
	Col Pct	1.00	2.00	3.00	
.00	3	0	6	9	12.5%
	2.1	2.4	4.5		
	17.6%	.0%	16.7%		
1.00	0	0	8	8	11.1%
	1.9	2.1	4.0		
	.0%	.0%	22.2%		
2.00	14	19	22	55	76.4%
	13.0	14.5	27.5		
	82.4%	100.0%	61.1%		
Column		17	19	36	72
Total		23.6%	26.4%	50.0%	100.0%
Chi-Square		Value		DF	Significance
-----		-----		-----	-----
Pearson		13.80107		4	.00796

Q 1b. Could a woman walk away when a man flashes at her?

		GROUP			
T3_1B	Count	Sex off	LD	Normal	Row Total
	Exp Val	LD	controls	controls	
	Col Pct	1.00	2.00	3.00	
.00	0	1	0	1	1.4%
	.2	.3	.5		
	.0%	5.3%	.0%		
1.00	0	1	6	7	9.7%
	1.7	1.8	3.5		
	.0%	5.3%	16.7%		
2.00	17	17	30	64	88.9%
	15.1	16.9	32.0		
	100.0%	89.5%	83.3%		
Column		17	19	36	72
Total		23.6%	26.4%	50.0%	100.0%
Chi-Square		Value		DF	Significance
-----		-----		-----	-----
Pearson		6.97838		4	.13703

Q 2a. If a woman looks at a flasher is it her fault?

T3_2A	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	10	13	34	57	
	13.5	15.0	28.5	79.2%	
	58.8%	68.4%	94.4%		
1.00	0	1	1	2	
	.5	.5	1.0	2.8%	
	.0%	5.3%	2.8%		
2.00	7	5	1	13	
	3.1	3.4	6.5	18.1%	
	41.2%	26.3%	2.8%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	

Chi-Square	Value	DF	Significance
Pearson	13.52703	4	.00897

Q 2b. Is it the man's fault if a woman looks at him when he flashes?

T3_2B	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	13	17	31	61	
	14.4	16.1	30.5	84.7%	
	76.5%	89.5%	86.1%		
1.00	0	1	2	3	
	.7	.8	1.5	4.2%	
	.0%	5.3%	5.6%		
2.00	4	1	3	8	
	1.9	2.1	4.0	11.1%	
	23.5%	5.3%	8.3%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	

Chi-Square	Value	DF	Significance
Pearson	4.31955	4	.36448

Q 3a. Do women just pretend to be shocked when they see a penis?

T3_3A	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	6	10	22	38	
	9.0	10.0	19.0	52.8%	
	35.3%	52.6%	61.1%		
1.00	1	1	12	14	
	3.3	3.7	7.0	19.4%	
	5.9%	5.3%	33.3%		
2.00	10	8	2	20	
	4.7	5.3	10.0	27.8%	
	58.8%	42.1%	5.6%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	

Chi-Square	Value	DF	Significance
Pearson	22.30578	4	.00017

Q 3b. When a man shows his penis to a woman does it really turn her on?

T3_3B	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	7	11	24	42	
	9.9	11.1	21.0	58.3%	
	41.2%	57.9%	66.7%		
1.00	2	2	12	16	
	3.8	4.2	8.0	22.2%	
	11.8%	10.5%	33.3%		
2.00	8	6	0	14	
	3.3	3.7	7.0	19.4%	
	47.1%	31.6%	.0%		
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	

Chi-Square	Value	DF	Significance
Pearson	20.39894	4	.00042

Q 4a. Do most women laugh about being flashed at ?

T3_4A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	7 9.4 41.2%	10 10.6 52.6%	23 20.0 63.9%	40 55.6%
1.00	1 2.6 5.9%	0 2.9 .0%	10 5.5 27.8%	11 15.3%
2.00	9 5.0 52.9%	9 5.5 47.4%	3 10.5 8.3%	21 29.2%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	19.48858	4		.00063

Q 4b. Do women think that it is a bit of fun?

T3_4B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8 10.9 47.1%	9 12.1 47.4%	29 23.0 80.6%	46 63.9%
1.00	0 1.7 .0%	0 1.8 .0%	7 3.5 19.4%	7 9.7%
2.00	9 4.5 52.9%	10 5.0 52.6%	0 9.5 .0%	19 26.4%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	29.13090	4		.00001

Q 5. Is flashing at someone a good way to show them
that you want to have sex?

T3_5

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	12 14.6 70.6%	17 16.4 89.5%	33 31.0 91.7%	62 86.1%
1.00	0 .7 .0%	0 .8 .0%	3 1.5 8.3%	3 4.2%
2.00	5 1.7 29.4%	2 1.8 10.5%	0 3.5 .0%	7 9.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	13.92115	4		.00755

Q 6a. Do men flash to scare women?

T3_6A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	7 9.2 41.2%	16 10.3 84.2%	16 19.5 44.4%	39 54.2%
1.00	3 4.3 17.6%	0 4.8 .0%	15 9.0 41.7%	18 25.0%
2.00	7 3.5 41.2%	3 4.0 15.8%	5 7.5 13.9%	15 20.8%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	17.88392	4		.00130

Q 6b. Do men enjoy scaring woman by flashing at them?

T3_6B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5 7.3 29.4%	16 8.2 84.2%	10 15.5 27.8%	31 43.1%
1.00	2 6.4 11.8%	1 7.1 5.3%	24 13.5 66.7%	27 37.5%
2.00	10 3.3 58.8%	2 3.7 10.5%	2 7.0 5.6%	14 19.4%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	44.50160	4		.00000

Q 7. Do you think that a woman would be harmed
by a man flashing at her?

T3_7

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8 9.7 47.1%	12 10.8 63.2%	21 20.5 58.3%	41 56.9%
1.00	1 2.4 5.9%	0 2.6 .0%	9 5.0 25.0%	10 13.9%
2.00	8 5.0 47.1%	7 5.5 36.8%	6 10.5 16.7%	21 29.2%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson	11.23453	4		.02405

Q 8. Do you think that it would take a woman years
or a few days to get over being flashed at?

T3_8_

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5 5.2 29.4%	8 5.8 42.1%	9 11.0 25.0%	22 30.6%
1.00	1 5.0 5.9%	3 5.5 15.8%	17 10.5 47.2%	21 29.2%
2.00	11 6.8 64.7%	8 7.7 42.1%	10 14.5 27.8%	29 40.3%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	13.48087	4	.00915

TOPIC 4 : DATING ABUSE

Key: .00 = Socially appropriate response
 1.00 = Don't know
 2.00 = Socially inappropriate response

Q 1. Is it okay to kiss in public, on the street?

T4_1

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	7 12.7 41.2%	14 14.2 73.7%	32 26.1 91.4%	53 74.6%
1.00	0 .2 .0%	1 .3 5.3%	0 .5 .0%	1 1.4%
2.00	10 4.1 58.8%	4 4.5 21.1%	3 8.4 8.6%	17 23.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	18.76935	4	.00087

Q 2. Do you think a woman should expect a man
 to try it on on a date?

T4_2

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	12 13.2 70.6%	14 14.7 73.7%	29 27.1 82.9%	55 77.5%
1.00	0 1.0 .0%	2 1.1 10.5%	2 2.0 5.7%	4 5.6%
2.00	5 2.9 29.4%	3 3.2 15.8%	4 5.9 11.4%	12 16.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	4.24399	4	.37399

Q 3. If you ask a girl out for a date should she know
that you want to have sex?

T4_3

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	8 11.2 47.1%	13 12.5 68.4%	25 22.3 73.5%	46 65.7%
1.00	0 1.5 .0%	1 1.6 5.3%	5 2.9 14.7%	6 8.6%
2.00	9 4.4 52.9%	5 4.9 26.3%	4 8.7 11.8%	18 25.7%
Column Total	17 24.3%	19 27.1%	34 48.6%	70 100.0%

Chi-Square	Value	DF	Significance
Pearson	11.90642	4	.01806

Q 4. If a girl invites you back to her place
for a coffee is she really offering to have sex?

T4_4

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	11 13.4 64.7%	13 15.0 68.4%	32 27.6 91.4%	56 78.9%
1.00	0 .7 .0%	0 .8 .0%	3 1.5 8.6%	3 4.2%
2.00	6 2.9 35.3%	6 3.2 31.6%	0 5.9 .0%	12 16.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	16.22095	4	.00274

Q 5a. Do you think it's okay to expect sex on the first date?

		GROUP			
T4_5A	Count	Sex off	LD	Normal	Row Total
	Exp Val	LD	controls	controls	
	Col Pct	1.00	2.00	3.00	
	.00	14 14.8 82.4%	17 16.6 89.5%	31 30.6 88.6%	62 87.3%
	1.00	0 .2 .0%	0 .3 .0%	1 .5 2.9%	1 1.4%
	2.00	3 1.9 17.6%	2 2.1 10.5%	3 3.9 8.6%	8 11.3%
	Column	17	19	35	71
	Total	23.9%	26.8%	49.3%	100.0%

Chi-Square	Value	DF	Significance
Pearson	1.94206	4	.74641

Q 5b. If you are on the first date is it okay to expect the girl to have sex with you?

		GROUP			
T4_5B	Count	Sex off	LD	Normal	Row Total
	Exp Val	LD	controls	controls	
	Col Pct	1.00	2.00	3.00	
	.00	11 14.8 64.7%	17 16.6 89.5%	34 30.6 97.1%	62 87.3%
	1.00	0 .5 .0%	1 .5 5.3%	1 1.0 2.9%	2 2.8%
	2.00	6 1.7 35.3%	1 1.9 5.3%	0 3.5 .0%	7 9.9%
	Column	17	19	35	71
	Total	23.9%	26.8%	49.3%	100.0%

Chi-Square	Value	DF	Significance
Pearson	17.28793	4	.00170

Q 6. If a girl makes out that she does not want to
kiss is she playing a game?

T4_6	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	7 11.3 41.2%	8 12.6 42.1%	32 23.2 91.4%	47 66.2%	
1.00	1 1.2 5.9%	1 1.3 5.3%	3 2.5 8.6%	5 7.0%	
2.00	9 4.5 52.9%	10 5.1 52.6%	0 9.4 .0%	19 26.8%	
Column	17	19	35	71	
Total	23.9%	26.8%	49.3%	100.0%	
Chi-Square		Value		DF	Significance
-----		-----		-----	-----
Pearson		25.34625		4	.00004

Q 7a. Would a woman think that you found her ugly,
if you didn't ask her to have sex with you?

T4_7A_	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00	12	11	32	55	
	13.2	14.7	27.1	77.5%	
	70.6%	57.9%	91.4%		
1.00	0	3	3	6	
	1.4	1.6	3.0	8.5%	
	.0%	15.8%	8.6%		
2.00	5	5	0	10	
	2.4	2.7	4.9	14.1%	
	29.4%	26.3%	.0%		
Column	17	19	35	71	
Total	23.9%	26.8%	49.3%	100.0%	
Chi-Square	Value	DF	Significance		
-----	-----	-----	-----		
Pearson	14.35553	4	.00624		

Q 7b. If you don't ask a woman to have sex
will she think you don't like her?

		GROUP			
T4_7B	Count	Sex off	LD	Normal	Row
	Exp Val	LD	controls	controls	Total
	Col Pct	1.00	2.00	3.00	
	.00	8 12.9 47.1%	12 14.5 63.2%	34 26.6 97.1%	54 76.1%
	1.00	1 .7 5.9%	1 .8 5.3%	1 1.5 2.9%	3 4.2%
	2.00	8 3.4 47.1%	6 3.7 31.6%	0 6.9 .0%	14 19.7%
Column		17	19	35	71
Total		23.9%	26.8%	49.3%	100.0%

Chi-Square	Value	DF	Significance

Pearson	19.35668	4	.00067

Q 8. Do you think a woman would get upset if her boyfriend kept
trying to encourage her to have sex even though she has already said no?

		GROUP			
T4_8_	Count	Sex off	LD	Normal	Row Total
	Exp Val	LD	controls	controls	
	Col Pct	1.00	2.00	3.00	
.00		13	16	32	61
		14.6	16.3	30.1	85.9%
		76.5%	84.2%	91.4%	
1.00		1	1	1	3
		.7	.8	1.5	4.2%
		5.9%	5.3%	2.9%	
2.00		3	2	2	7
		1.7	1.9	3.5	9.9%
		17.6%	10.5%	5.7%	
Column		17	19	35	71
Total		23.9%	26.8%	49.3%	100.0%

Chi-Square	Value	DF	Significance

Pearson	2.28499	4	.68350

TOPIC 5 : HOMOSEXUAL ASSAULT

Key: .00 = Socially appropriate response

1.00 = Don't know

2.00 = Socially inappropriate

Q 1. Is it okay for men to have sex together?

T5_1

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	6 7.7 37.5%	7 9.1 36.8%	20 16.3 58.8%	33 47.8%
1.00	0 .5 .0%	1 .6 5.3%	1 1.0 2.9%	2 2.9%
2.00	10 7.9 62.5%	11 9.4 57.9%	13 16.8 38.2%	34 49.3%
Column Total	16 23.2%	19 27.5%	34 49.3%	69 100.0%
Chi-Square Value DF Significance				

Pearson	4.22166	4		.37684

Q 2. If a man approached you for sex would you hit him or tell someone?

T5_2

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	13 9.5 86.7%	13 12.0 68.4%	17 21.5 50.0%	43 63.2%
1.00	0 1.8 .0%	1 2.2 5.3%	7 4.0 20.6%	8 11.8%
2.00	2 3.8 13.3%	5 4.8 26.3%	10 8.5 29.4%	17 25.0%
Column Total	15 22.1%	19 27.9%	34 50.0%	68 100.0%
Chi-Square Value DF Significance				

Pearson	8.11691	4		.08739

Q 3. If a man does not want to have sex can he be forced to by another man?

T5_3

GROUP				
Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	6 8.9 37.5%	9 10.6 47.4%	24 19.5 68.6%	39 55.7%
1.00	1 1.4 6.3%	1 1.6 5.3%	4 3.0 11.4%	6 8.6%
2.00	9 5.7 56.3%	9 6.8 47.4%	7 12.5 20.0%	25 35.7%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%
Chi-Square Value DF Significance				

Pearson 7.93712 4 .09391				

Q 4a. If a man does not try to fight his way out of a rape does he want to have sex?

T5_4A

GROUP				
Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	10 11.2 62.5%	11 13.3 57.9%	28 24.5 80.0%	49 70.0%
1.00	1 1.1 6.3%	0 1.4 .0%	4 2.5 11.4%	5 7.1%
2.00	5 3.7 31.3%	8 4.3 42.1%	3 8.0 8.6%	16 22.9%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%
Chi-Square Value DF Significance				

Pearson 9.99910 4 .04044				

Q 4b. Could a man stop another man from raping him?

T5_4B

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	5 5.0 31.3%	6 6.0 31.6%	11 11.0 31.4%	22 31.4%
1.00	1 3.0 6.3%	1 3.5 5.3%	11 6.5 31.4%	13 18.6%
2.00	10 8.0 62.5%	12 9.5 63.2%	13 17.5 37.1%	35 50.0%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
Pearson	8.55066	4	.07337

Q 5. Do men just say that they were raped because they are ashamed of being gay?

T5_5

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	5 8.0 31.3%	4 9.5 21.1%	26 17.5 74.3%	35 50.0%
1.00	3 3.2 18.8%	2 3.8 10.5%	9 7.0 25.7%	14 20.0%
2.00	8 4.8 50.0%	13 5.7 68.4%	0 10.5 .0%	21 30.0%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
Pearson	31.85680	4	.00000

Q 6. If a man forced another man to have sex, would this be a good way of showing him that he found him attractive?

T5_6_

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	11 11.9 68.8%	8 14.1 42.1%	33 26.0 94.3%	52 74.3%
1.00	0 1.1 .0%	3 1.4 15.8%	2 2.5 5.7%	5 7.1%
2.00	5 3.0 31.3%	8 3.5 42.1%	0 6.5 .0%	13 18.6%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	21.38201	4	.00027

Q 7a. Would a man rape another man to scare him?

T5_7A_

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	6 8.5 37.5%	14 10.0 73.7%	17 18.5 48.6%	37 52.9%
1.00	1 3.9 6.3%	1 4.6 5.3%	15 8.5 42.9%	17 24.3%
2.00	9 3.7 56.3%	4 4.3 21.1%	3 8.0 8.6%	16 22.9%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	23.29704	4	.00011

Q 7b. Would a man rape another man to get power over him?

GROUP

T5_7B

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	5 9.1 31.3%	12 10.9 63.2%	23 20.0 65.7%	40 57.1%
1.00	3 3.7 18.8%	3 4.3 15.8%	10 8.0 28.6%	16 22.9%
2.00	8 3.2 50.0%	4 3.8 21.1%	2 7.0 5.7%	14 20.0%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
Pearson	14.26279	4	.00650

Q 8. If a man tries to force another man or boy to have sex is he just having a bit of fun?

GROUP

T5_8_

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	7 12.8 43.8%	15 15.2 78.9%	34 28.0 97.1%	56 80.0%
1.00	1 .2 6.3%	0 .3 .0%	0 .5 .0%	1 1.4%
2.00	8 3.0 50.0%	4 3.5 21.1%	1 6.5 2.9%	13 18.6%
Column Total	16 22.9%	19 27.1%	35 50.0%	70 100.0%

Chi-Square	Value	DF	Significance
Pearson	20.51819	4	.00039

Q 9. If a man is raped by another man does it cause him harm?

T5_9	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00		9 13.9 56.3%	18 16.6 94.7%	34 30.5 97.1%	61 87.1%
1.00		1 .5 6.3%	0 .5 .0%	1 1.0 2.9%	2 2.9%
2.00		6 1.6 37.5%	1 1.9 5.3%	0 3.5 .0%	7 10.0%
Column Total		16 22.9%	19 27.1%	35 50.0%	70 100.0%
Chi-Square Value DF Significance					

Pearson		19.49347	4	.00063	

Q 10. Would it take a man a few weeks or longer to get over being raped by another man?

T5_10_	Count Exp Val Col Pct	GROUP			Row Total
		Sex off	LD	Normal	
		LD	controls	controls	
		1.00	2.00	3.00	
.00		11 13.3 68.8%	14 15.7 73.7%	33 29.0 94.3%	58 82.9%
1.00		1 1.1 6.3%	2 1.4 10.5%	2 2.5 5.7%	5 7.1%
2.00		4	3	0	7

TOPIC 6 : PAEDOPHILIA

Key : .00 = Socially appropriate response
 1.00 = Don't know
 2.00 = Socially inappropriate response

Q 1. Do some children enjoy having sex with adults?

T6_1

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	12 12.3 70.6%	14 13.7 73.7%	26 26.0 72.2%	52 72.2%
1.00	0 2.1 .0%	1 2.4 5.3%	8 4.5 22.2%	9 12.5%
2.00	5 2.6 29.4%	4 2.9 21.1%	2 5.5 5.6%	11 15.3%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%
Chi-Square Value DF Significance				

Pearson 10.52009 4 .03252				

Q 2. Do children make up stories about being sexually abused?

T6_2

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	5 6.9 29.4%	8 7.8 42.1%	16 14.3 45.7%	29 40.8%
1.00	1 3.8 5.9%	0 4.3 .0%	15 7.9 42.9%	16 22.5%
2.00	11 6.2 64.7%	11 7.0 57.9%	4 12.8 11.4%	26 36.6%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%
Chi-Square Value DF Significance				

Pearson 25.61813 4 .00004				

Q 3a. Do children lead adults on sexually?

T6_3A

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	7 12.0 41.2%	10 13.4 52.6%	31 22.6 96.9%	48 70.6%
1.00	0 .8 .0%	2 .8 10.5%	1 1.4 3.1%	3 4.4%
2.00	10 4.3 58.8%	7 4.8 36.8%	0 8.0 .0%	17 25.0%
Column Total	17 25.0%	19 27.9%	32 47.1%	68 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	25.40921	4	.00004

Q 3b. Do children do sexy things so that men will get turned on and want to have sex with them?

T6_3B

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	6 11.3 35.3%	9 12.7 47.4%	33 24.0 91.7%	48 66.7%
1.00	0 .9 .0%	3 1.1 15.8%	1 2.0 2.8%	4 5.6%
2.00	11 4.7 64.7%	7 5.3 36.8%	2 10.0 5.6%	20 27.8%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
-----	-----	----	-----
Pearson	27.28026	4	.00002

Q 4. Is it wrong to force a child to have sex?

T6_4

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	15 16.5 88.2%	19 18.5 100.0%	35 34.0 100.0%	69 97.2%
2.00	2 .5 11.8%	0 .5 .0%	0 1.0 .0%	2 2.8%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%
Chi-Square Value DF Significance				

Pearson 6.53708 2 .03806				

Q 5a. Can children be abused by people they know,
as well as strangers?

T6_5A

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	10 14.8 58.8%	18 16.6 94.7%	34 30.6 97.1%	62 87.3%
1.00	1 .5 5.9%	1 .5 5.3%	0 1.0 .0%	2 2.8%
2.00	6 1.7 35.3%	0 1.9 .0%	1 3.5 2.9%	7 9.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%
Chi-Square Value DF Significance				

Pearson 18.81274 4 .00086				

Q 5b. Can a child be abused by family members like
their father, their mother or their uncle?

GROUP

T6_5B

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	9 14.2 52.9%	18 15.8 94.7%	33 30.0 91.7%	60 83.3%
1.00	1 .2 5.9%	0 .3 .0%	0 .5 .0%	1 1.4%
2.00	7 2.6 41.2%	1 2.9 5.3%	3 5.5 8.3%	11 15.3%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	15.56327	4	.00366

Q .6 Can you show you love a child by having
sex with them?

GROUP

T6_6

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	12 15.6 70.6%	18 17.4 94.7%	36 33.0 100.0%	66 91.7%
1.00	1 .2 5.9%	0 .3 .0%	0 .5 .0%	1 1.4%
2.00	4 1.2 23.5%	1 1.3 5.3%	0 2.5 .0%	5 6.9%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	13.66237	4	.00845

Q 7. Do adults have sex with children to scare them?

T6_7_

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	7 7.8 41.2%	15 8.7 78.9%	11 16.5 30.6%	33 45.8%
1.00	1 3.8 5.9%	1 4.2 5.3%	14 8.0 38.9%	16 22.2%
2.00	9 5.4 52.9%	3 6.1 15.8%	11 11.5 30.6%	23 31.9%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	19.38115	4	.00066

Q 8. If a man has sex or masturbates in front of a child is it just a bit of fun?

T6_8_

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	7 13.5 41.2%	15 15.0 78.9%	35 28.5 97.2%	57 79.2%
1.00	1 .7 5.9%	1 .8 5.3%	1 1.5 2.8%	3 4.2%
2.00	9 2.8 52.9%	3 3.2 15.8%	0 6.0 .0%	12 16.7%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	24.35370	4	.00007

Q 9. If a girl is old enough to have periods is she old enough to have sex?

GROUP

T6_9

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	10 12.0 58.8%	9 13.5 47.4%	32 25.5 88.9%	51 70.8%
1.00	1 1.2 5.9%	3 1.3 15.8%	1 2.5 2.8%	5 6.9%
2.00	6 3.8 35.3%	7 4.2 36.8%	3 8.0 8.3%	16 22.2%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	12.80772	4	.01225

Q 10a. Can a ten year old decide whether to have sex or not?

GROUP

T6_10A

Count Exp Val Col Pct	Sex off LD 1.00	LD controls 2.00	Normal controls 3.00	Row Total
.00	12 14.1 70.6%	14 15.8 73.7%	33 29.1 94.3%	59 83.1%
1.00	0 1.2 .0%	3 1.3 15.8%	2 2.5 5.7%	5 7.0%
2.00	5 1.7 29.4%	2 1.9 10.5%	0 3.5 .0%	7 9.9%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	14.45043	4	.00599

Q 10b. If a child was 10 years old would they be able to decide to have sex with a man?

T6_10B

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	14 15.6 82.4%	18 17.4 94.7%	33 32.0 94.3%	65 91.5%
1.00	0 .7 .0%	1 .8 5.3%	2 1.5 5.7%	3 4.2%
2.00	3 .7 17.6%	0 .8 .0%	0 1.5 .0%	3 4.2%
Column Total	17 23.9%	19 26.8%	35 49.3%	71 100.0%

Chi-Square	Value	DF	Significance
Pearson	10.68655	4	.03032

Q 11a. Do you think sex with children does harm if the adult is gentle?

T6_11A

Count Exp Val Col Pct	GROUP			Row Total
	Sex off	LD	Normal	
	LD	controls	controls	
	1.00	2.00	3.00	
.00	10 13.0 58.8%	12 14.5 63.2%	33 27.5 91.7%	55 76.4%
1.00	2 .7 11.8%	1 .8 5.3%	0 1.5 .0%	3 4.2%
2.00	5 3.3 29.4%	6 3.7 31.6%	3 7.0 8.3%	14 19.4%
Column Total	17 23.6%	19 26.4%	36 50.0%	72 100.0%

Chi-Square	Value	DF	Significance
Pearson	10.72538	4	.02983

Q 11b. If the adult is gentle would sex cause harm to the child?

T6_11B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	9 14.2 52.9%	15 15.8 78.9%	36 30.0 100.0%	60 83.3%
2.00	8 2.8 47.1%	4 3.2 21.1%	0 6.0 .0%	12 16.7%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
Pearson	18.76904	2	.00008

Q 12. Does making a child watch you masturbate do them any harm?

T6_12

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	6 12.3 35.3%	12 13.7 63.2%	34 26.0 94.4%	52 72.2%
1.00	0 .7 .0%	1 .8 5.3%	2 1.5 5.6%	3 4.2%
2.00	11 4.0 64.7%	6 4.5 31.6%	0 8.5 .0%	17 23.6%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%

Chi-Square	Value	DF	Significance
Pearson	27.98751	4	.00001

Q 13a. After a few years would a child get over
being sexually abused?

T6_13A_	Count	GROUP			Row Total
	Exp Val	Sex off	LD	Normal	
	Col Pct	LD	controls	controls	
		1.00	2.00	3.00	
.00	8 11.3 47.1%	12 12.7 63.2%	28 24.0 77.8%	48 66.7%	
1.00	0 2.4 .0%	3 2.6 15.8%	7 5.0 19.4%	10 13.9%	
2.00	9 3.3 52.9%	4 3.7 21.1%	1 7.0 2.8%	14 19.4%	
Column	17	19	36	72	
Total	23.6%	26.4%	50.0%	100.0%	
Chi-Square		Value	DF	Significance	
-----		-----	-----	-----	
Pearson		19.87056	4	.00053	

Q 13b. Would a child ever fully recover from being
sexually abused or would they be okay in a few weeks or years ?

T6_13B

GROUP				
Count	Sex off	LD	Normal	Row Total
Exp Val	LD	controls	controls	
Col Pct	1.00	2.00	3.00	
.00	8 10.9 47.1%	11 12.1 57.9%	27 23.0 75.0%	46 63.9%
1.00	0 2.6 .0%	3 2.9 15.8%	8 5.5 22.2%	11 15.3%
2.00	9 3.5 52.9%	5 4.0 26.3%	1 7.5 2.8%	15 20.8%
Column	17	19	36	72
Total	23.6%	26.4%	50.0%	100.0%
Chi-Square Value DF Significance				

Pearson	19.61275	4	.00060	

CRITERIA TABLE FOR REJECTED QACSO ITEMS

KEY: **a** = question does not discriminate between the groups (Chi-square)
b = low corrected item total correlation and Cronbach alpha increases if deleted
c = difficulty understanding question
d = item or scoring criteria was ambiguous

TOPIC 1 : RAPE AND ATTITUDES TO WOMEN

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
1 a	Is it possible for any woman to be raped?	✓	✓		
3 b	Could a woman stop a man from raping her by shouting or fighting him off of her?				✓
4 a	Are women often partly to blame for the rape taking place?	✓			
b	Do some women lead men on?	✓			
5 b	At a party a man sees a woman going into a bedroom to have sex with another man, would it be okay then for him to force her to have sex?			✓	
8	Do women lie about being raped?	✓	✓		
9 a	Should a man stop touching and kissing a woman when she asks him to, even if he wants to carry on?	✓			
10b	Is it okay to force a woman to have sex?	✓			
11	If a man rapes a woman is it just a bit of fun?	✓			
12a	Do men rape women to scare or frighten them?	✓	✓		✓

TOPIC 2 : VOYEURISM

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
1	Do women who don't close their curtains when they are in their underwear want people to look at them?				✓
					✓
2 a	Do women like men to stare at their bodies?				✓
b	Does it makes them feel attractive?				
3 a	If a woman has a big pair of boobs is it only natural to have a good look?	✓			
5	Do some women make up stories about men looking through curtains at them?				✓
7	Do men stare at women to scare them?		✓		✓
9 a	Is it okay to stare at a woman if you don't touch her?	✓			
10	If a woman sees a man staring at her do you think that she would only be upset about it for a few minutes or longer?				✓

TOPIC 3 : EXHIBITIONISM

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
1 a	Do you think a woman has to look when a man flashes at her?		✓		✓
b	Could a woman walk away when a man flashes at her?	✓			
8	Do you think that it would take a woman years or a few days to get over being flashed at?				✓

TOPIC 4 : DATING ABUSE

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
5 a	Do you think it's okay to expect sex on the first date?	✓	✓		
8	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?	✓		✓	

TOPIC 5 : HOMOSEXUAL ASSAULT

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
1	Is it okay for men to have sex together?	✓			
2	If a man approached you for sex would you hit him or tell someone?	✓	✓		
4 b	Could a man stop another man from raping him?	✓	✓		

TOPIC 6 : PAEDOPHILIA

NO	QUESTIONS	REJECTION CRITERIA			
		a	b	c	d
4	Is it wrong to force a child to have sex?	✓			
7	Do adults have sex with children to scare them?		✓		✓
10b	If a child was 10 years old would they be able to decide to have sex with a man?	✓			

APPENDIX IV

Appendix IV

Boxplots for each of the QACSO sub-sections are presented here, showing the median score (black line), the middle 50% of the cases (box) and the range of scores (extended lines) for groups 1 to 3. An 'o' represents an outlier, i.e. a value more than 1.5 box lengths away from the box and a '*' represents an extreme value, more than 3 box lengths away from the box.

Figure 4.2: Boxplot of Rape and Attitudes To Women sub-section scores.

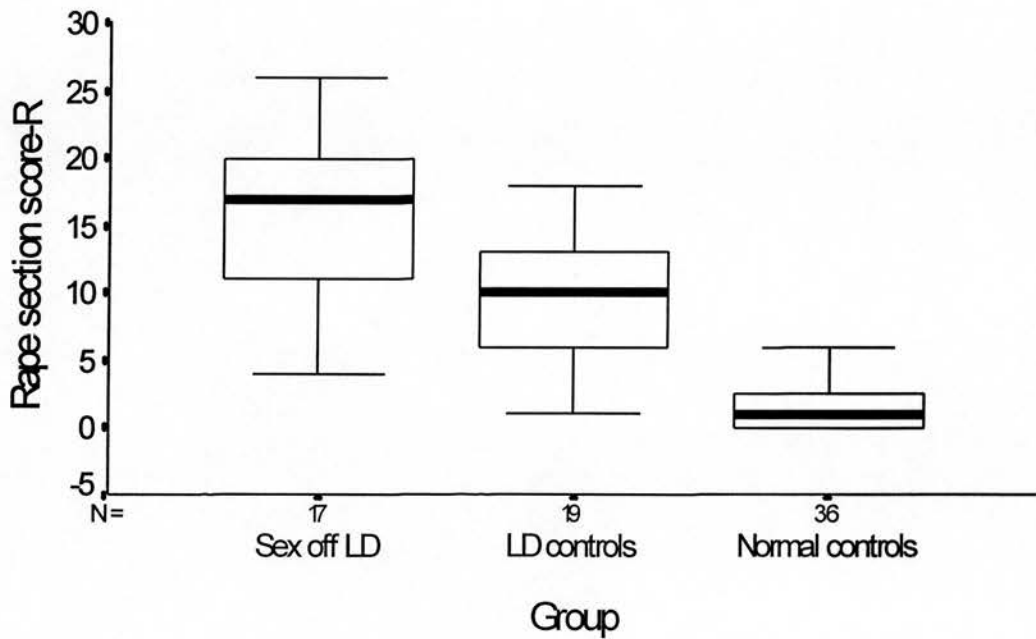


Figure 4.3: Boxplot of Voyeurism sub-section scores

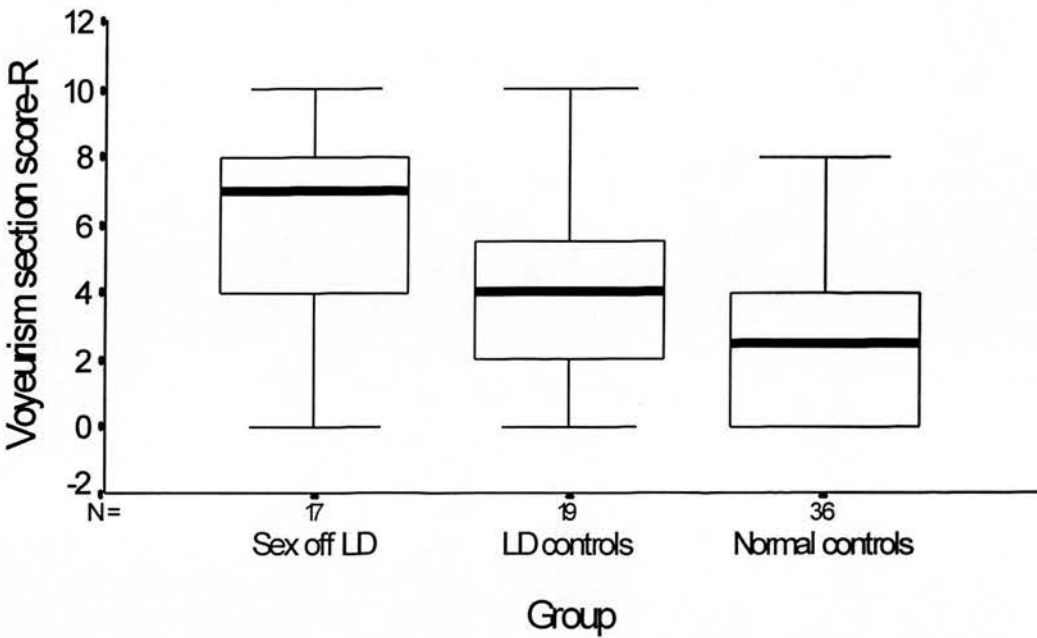


Figure 4.4: Boxplot of Exhibitionism sub-section scores

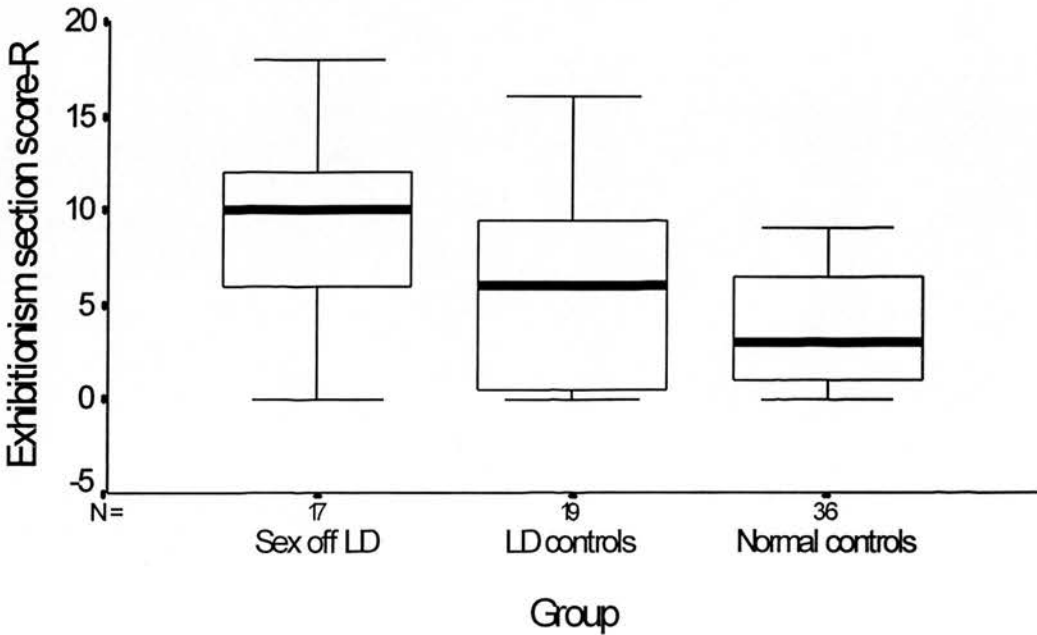


Figure 4.5: Boxplot of Dating Abuse sub-section scores

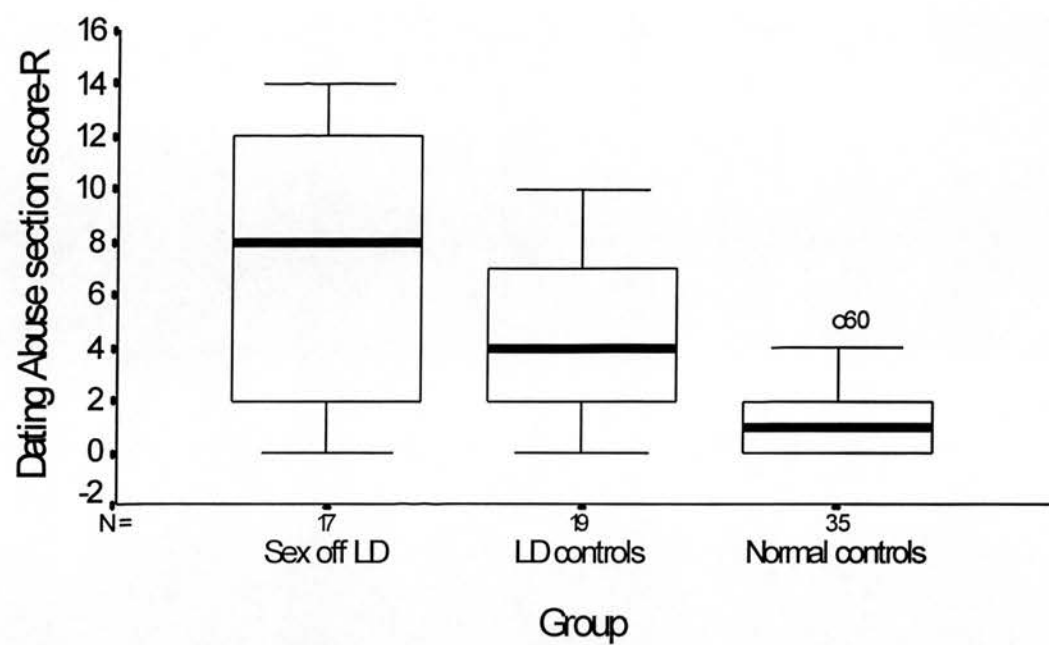


Figure 4.6: Boxplot of Homosexual Assault sub-section scores

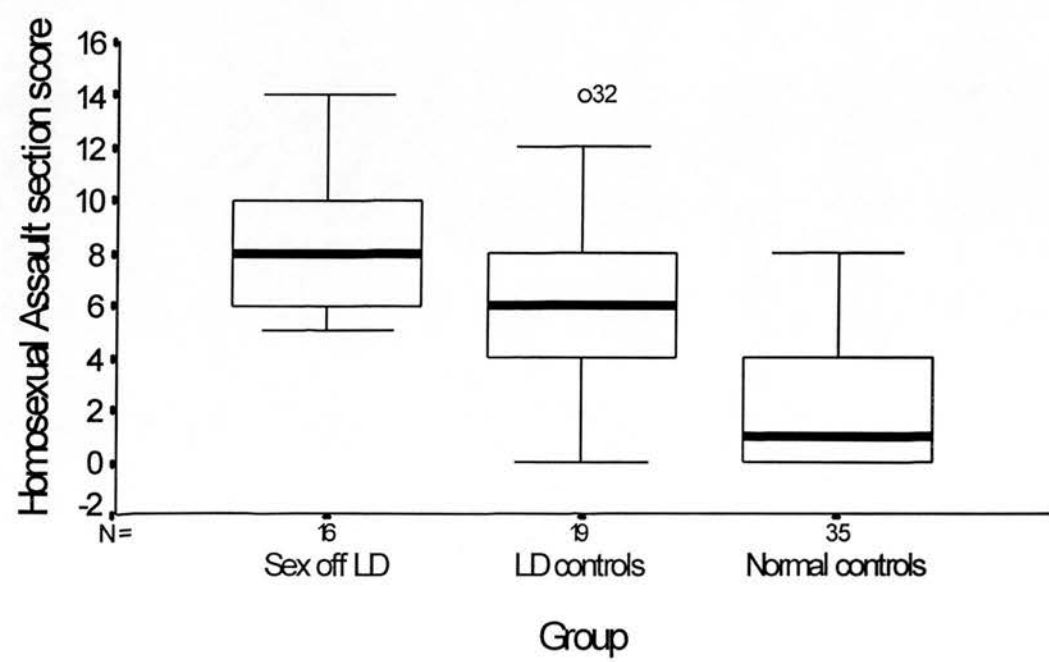
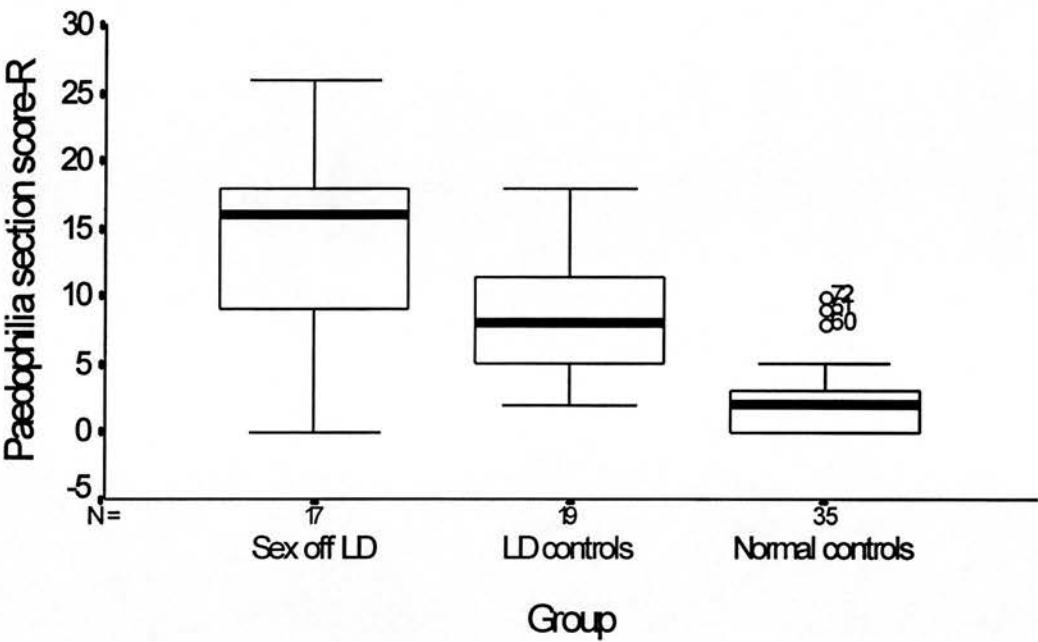


Figure 4.7: Boxplot of Paedophilia sub-section scores



APPENDIX V

Clinical Psychology Department
Wedderburn House
1, Edward Street,
Dundee DD1 5NS

Tel no : (01382) 346025

4 March 1997

Mr M. Duffy
Governor
HM Prisons
3, Edinburgh Road,
Perth

Dear Mr Duffy,

I am writing to see whether it would be possible to ask sex offenders at Perth Prison to take part in a research project. The project is being supervised by Professor W. R. Lindsay, Chartered Clinical Psychologist, Head of the Learning Disability Service. I am a Tayside Clinical Psychology Trainee in my third year and the project will be submitted for my thesis as part of the Doctorate in Clinical Psychology at Edinburgh University. The project which I am conducting is being carried out mainly in Dundee and has been granted ethical approval by the Tayside Committee on Medical Research Ethics.

The main aim of the project is to develop a questionnaire for use with individuals who have learning disabilities and have offended sexually. The questionnaire aims to identify attitudes and beliefs that individuals may have that could increase their chances of offending sexually. Once developed, the questionnaire will hopefully be used to identify risk and prevent future offending behaviour. It will also be used to aid in the assessment of appropriate placements and treatment progress.

As part of the project I will be asking individuals who have offended sexually but do **not** have learning disabilities to complete questionnaires on two occasions one month apart. The questionnaires could either be given to individuals to fill out and return to myself by post or could be administered in individual interviews. I have approached the Social Work Department in Dundee to see if individuals want to participate who are on probation. However, it is unlikely that I will get enough participants by the end of May.

I was advised by Erica Robb, Clinical Psychologist and John Bone, Senior Social Worker to contact you to see if you could assist me. I would be most grateful if you could help me and would be happy to discuss the project further. It may be difficult to contact me directly as I am presently on placement in Fife and Tayside. I am at the Murray Royal Hospital (tel. 621151) on Thursdays and could be contacted at the Clinical Psychology Department there. Otherwise messages can be left at the above address. I hope to hear from you soon.

Yours sincerely

Sarah Broxholme
Trainee Clinical Psychologist

Sarah Broxholme
Clinical Psychology Dept
Wedderburn House
1 Edward St
Dundee
DD1 5NS

HEADQUARTERS

Calton House
5 Redheughs Rigg
Edinburgh EH12 9HW
Direct Dialling: 0131-244
Switchboard 0131-556-8400
Fax: 0131-244-8589

Research Branch

21 March 1997

Our ref.

Date

Dear Ms Broxholme

RESEARCH ACCESS TO SCOTTISH PRISONS

Mr Duffy has passed on your request for research access to HMP Perth.

All requests for the purposes of undertaking research in the Scottish Prison Service are channelled through Research Services whose task it is to manage and assess all requests. Requests are assessed on a number of grounds: their theoretical approach and the appropriateness of the proposed methodology; any possible conflict with other existing or proposed SPS research; the cost implications of supporting and servicing the research; and the value of the proposed research to the management of SPS.

Given the volume of individuals and organisations seeking access to establishments all requests are dealt with by Research Access Committee which meets at approximately two-monthly intervals. The next meeting of the Group is scheduled for late April.

Should you wish to gain access to Perth please forward a full proposal outlining the nature of the proposed work and the extent of involvement required at Perth.

I look forward to hearing from you in the near future.

Yours sincerely

Ed Wozniak



HEADQUARTERS

Calton House

5 Redheughs Rigg

Edinburgh EH12 9HW

Direct Dialling: 0131-244 8771

Switchboard 0131-556-8400

Fax: 0131-244-8589

Research Branch

Your ref.

Our ref.

Date

23 April 1997

Ms Sarah Broxholme
Clinical Psychology Department
Wedderburn House
1 Edward Street
Dundee DD1 5NS

Dear Ms Broxholme

RESEARCH ACCESS REQUEST: SEXUAL OFFENDERS AND LEARNING DISABILITIES

Your application for access to conduct the above research was considered by the Research Strategy Group (Access Committee) at its meeting on 17 April.

I regret to inform you that the Committee was unable to grant you access to carry out your proposed work. The Committee felt that the study was insufficiently focused and that potentially the demands it would make upon staff time and resources in SPS were excessive.

I am sorry that I cannot convey more positive news on this occasion. The Committee, nonetheless, wishes you well with the community side of your study.

Yours sincerely

Dr James Carnie
SPS Research

Clinical Psychology Department
Wedderburn House
1, Edward Street,
Dundee DD1 5NS
Tel no: (01382) 346025

11 April 1997

Mr E Wozniak
Research Branch
Headquarters
Calton House
5 Redheughs Rigg
Edinburgh EH12 9HW

Dear Mr Wozniak,

Thank you for your letter dated 21 March 1997 requesting further information regarding my application for research access to Scottish Prisons.

I am conducting a project over the next few months for a thesis as part of a Doctorate in Clinical Psychology on the East of Scotland Training course at Edinburgh University. As you are aware the project is being supervised by Professor W. R. Lindsay, Chartered Clinical Psychologist, Head of Learning Disability Service in Tayside and the project has been granted ethical approval by the Tayside Committee on Medical Research Ethics.

The project's aim is to develop a questionnaire on cognitions related to sex offending for use with individuals who have mild learning disabilities. It has been identified in the literature that to date there is no valid, reliable, self-report questionnaire that identifies sexual attitudes in individuals with learning disabilities who have offended sexually. The standard measures used to assess this in individuals without learning disabilities are unsuitable as they are often too complicated and open to suggestibility and acquiescent responding.

Once this questionnaire has been developed and tested it is hoped that it could be used to identify risk and prevent future offending. It would also be useful in assessing appropriate placements and treatment of individuals who offend sexually. As part of the project I will be asking four groups of individuals to take part, these being:-

1. 20 individuals with mild learning disabilities who have offended sexually.
2. 20 individuals with mild learning disabilities who have not offended sexually.
- 3. 20 individuals with no learning disabilities who have offended sexually.**
4. 20 individuals with no learning disabilities who have not sexually offended.

I will be exploring the differences and similarities between the responses of all four group participants to identify which items on the questionnaires differentiate the groups. The main questionnaire explores attitudes and beliefs in relation to a variety of sexual offences. In addition there are two other shorter questionnaires. One has been designed to assess social desirability and consistency of responding, the other investigates an individual's attributions for their offending behaviour. A large part of the project will be assessing the reliability and validity of the questionnaires.

If an individual chooses to take part in the study all three questionnaires could be given to an individual in the initial assessment period, together with a stamped addressed envelope to be returned to myself. This would involve minimal time and effort of staff members. Alternatively, I or a member of staff i.e. social worker, prison psychologist, therapist or prison officer could administer the questionnaires. It would probably take the subject 30-40 minutes to complete the questionnaires. Ideally, I am looking for 15-20 subjects who have recently entered the prison system and/or have not received therapy/treatment for their sexual offending behaviour. I am also gathering reliability data, therefore if possible would ask the subjects to complete the questionnaires once again a month later.

To try to reduce certain patterns of responding individuals should be told that the information is confidential i.e. that the prison officers will not see their responses. There are participant information and consent forms which would be issued with the three questionnaires. The consent sheets could be filled out and given to a member of staff for me to collect or given to myself either in person or by post to ensure that they are not returned with the questionnaires.

On speaking to Mr Gary Hughes at Peterhead Prison, I am aware that it may be necessary to measure the intellectual level of subjects by administering a short WAIS-R or Ravens Matrices, if there has not been a prior assessment, to ensure that the individuals do not have learning disabilities. I would also need to obtain a note of the participants type of sex offence for which they were in prison, any previous history of other types of sex offences and length of time in prison.

A further part of the project would involve either myself or a member of staff completing a short questionnaire with the individual which asks questions about their specific offence. It is hoped that this includes questions that are already being asked, thereby not creating too much extra work. This part of the project is not essential, especially if the subjects are not being interviewed by myself or other staff members and are completing the questionnaires alone and returning them by post.

As you are aware from my previous letter to Mr Duffy I have approached the Social Work Department in Dundee to see if individuals who are on probation want to participate. However I am unlikely to get many participants over the next two to three months. Mr Gary Hughes suggested that there may be more new sex offenders who do not have learning disabilities or offenders who have not attended treatment programmes at other prisons rather than at Perth Prison. I wonder if this proposal could be considered with this in mind.

I hope that this information is useful, if you would like further information it is difficult to contact me directly as I am on a split placement in Tayside and Fife at present. However, messages can be left at the above address. I apologise for the delay in replying as I have been away on holiday. I would be extremely grateful if you were able to help and look forward to hearing from you.

Yours sincerely,

Sarah Broxholme
Trainee Clinical Psychologist

Clinical Psychology Department
Wedderburn House
1, Edward Street,
Dundee DD1 5NS
Tel no: (01382) 346025

2 May 1997

Dr J Carnie
SPS Research Branch
Headquarters
Calton House
5 Redheughs Rigg
Edinburgh EH12 9HW

Dear Dr Carnie,

Re: RESEARCH ACCESS REQUEST: SEXUAL OFFENDERS WITH NO LEARNING DISABILITIES

Thank you for your letter dated 23 April 1997 which outlines reasons why access was declined to carry out my project in Scottish Prisons. Following our discussion on the telephone on Tuesday 29 April, 1997, I am writing to appeal and hope that the proposal can be reconsidered.

I note from the letter that the committee felt that the study was insufficiently focused and that it would place too many demands upon staff time and resources. I would like to clarify these points and also note that your letter (23 April 1997) uses the reference title 'Sexual Offenders and Learning Disabilities'. I would like to emphasise that it is prisoners who have offended sexually who **do not** have learning disabilities that I am requesting access to in the event of any unlikely confusion.

As outlined in my last letter, the main aim of this project is to develop a questionnaire on cognitions related to sex offending which will hopefully identify risk and prevent future offending in individuals who have mild learning disabilities. It would also be used to assess appropriate placement and treatment of these individuals. This project is mainly concerned with assessing the reliability and validity of the questionnaires. In order to explore the differences and similarities between sex offender and non sex offender populations and hence establish the validity of the questionnaires I will be assessing four groups of individuals :-

1. 20 individuals with mild learning disabilities who have offended sexually.
2. 20 individuals with mild learning disabilities who have not offended sexually.
- 3. 20 individuals with no learning disabilities who have offended sexually.**
4. 20 individuals with no learning disabilities who have not sexually offended.

The main questionnaire (1) explores attitudes and beliefs in relation to a variety of sexual offences. In addition there are two other shorter questionnaires. One has been designed to assess social desirability and consistency of responding (2), the other investigates an individual's attributions for their offending behaviour (3). I enclose sample questions from each of these questionnaires.

Ideally, I am looking for 15-20 subjects who have recently entered the prison system and/or have received either no or minimal therapy/treatment for their sexual offending behaviour. If an individual chose to take part in the study questionnaires 1-3, an information sheet and consent sheet could be given to an individual to complete independently, together with a stamped addressed envelope to be returned to myself. This is the preferred method and would involve minimal time and effort of staff members. I would provide all questionnaires and stamped addressed envelopes ready to be given out to willing participants. It would probably take the subject 30-40 minutes to complete the questionnaires. The options of someone interviewing the individuals to administer the questionnaires which I mentioned in my last letter were only given as I was unsure whether participants would be allowed to complete the questionnaires by the preferred method i.e. independently.

To assess reliability of the questionnaires I ask the participants to complete questionnaires 1 and 2 for a second time, one month after the first testing time.

I am also exploring the differences, if any, between an individuals general attitudes towards sex offence related cognitions (Questionnaire 1) and their attitudes towards the circumstances in their specific offence (Questionnaire 4). This would probably involve a short interview, (5-10 minutes) with the prisoner which could be conducted by myself or other involved workers. Alternatively if this part of the project constitutes too many demands then it would be feasible to exclude it from the study.

Ideally, I would need to ensure that participants do not have learning disabilities. Therefore it may be necessary to assess the intellectual level of subjects by administering a short WAIS-R or Ravens Matrices, if there has not been a prior assessment. I would also need to obtain a note of the participants type of sex offence for which they were in prison, any previous history of other types of sex offences and length of time in prison. The latter information could be obtained either from prison records or from involved workers. I am willing to gather this information personally to minimise the demands which may be placed on staff and resources.

I am aware that there are various constraints in accessing prison populations. I am willing to carry out all parts of the project myself or liaise with other involved workers if this would be more convenient.

In addition, if only partial access for part of the project could be granted this would be greatly appreciated, for example if prisoners were to complete questionnaires 1-3 independently and return them by post.

I hope that this information is useful, if you would like further information I would be pleased to discuss the project further. I can now be contacted at the above address. I hope that you will be able to reconsider the proposal before your next official meeting and look forward to hearing from you soon.

Yours sincerely,

Sarah Broxholme
Trainee Clinical Psychologist

HEADQUARTERS

Calton House

5 Redheughs Rigg

Edinburgh EH12 9HW

Direct Dialling: 0131-244 8771

Switchboard 0131-556-8400

Fax: 0131-244-8589

Research Branch

Your ref.

Our ref.

Date

22 May 1997

Ms Sarah Broxholme
Clinical Psychology Department
Wedderburn House
1 Edward Street
Dundee DD1 5NS

Dear Ms Broxholme

RECONSIDERATION OF RESEARCH ACCESS REQUEST
SEXUAL OFFENDERS WITH NO LEARNING DISABILITIES

Thank you for your letter of 2 May 1997.

Your request for access to conduct research in SPS was reconsidered in detail by Committee members on 19 May.

Once again, I regret to inform you that the Committee was unable to grant you access to carry out your proposed research.

SPS has its own programme of research on sexual offenders and this takes priority over all other requests in this field.

I am sorry that again I have to convey disappointing news regarding your research access to SPS.

Yours sincerely

Dr James Carnie
SPS Research

Clinical Psychology Department
Wedderburn House
1, Edward Street,
Dundee DD1 5NS
Tel no: (01382) 346025

6 May 1997

Ms Dorothy Buglass
Senior Research & Information Officer
City of Edinburgh Council Social Work
Shrubhill House
Shrub Place
Edinburgh EH7 4PD

Dear Ms Buglass,

I have recently spoken to Mr D Dicky, Social Worker and Ms I Kruppa, Clinical Psychologist who advised me to write to yourself with my request to access male probationers who have committed sex offences and do **not** have learning disabilities.

I am conducting a project over the next few months for a thesis as part of a Doctorate in Clinical Psychology on the East of Scotland Training course at Edinburgh University. The project is being supervised by Professor W. R. Lindsay, Chartered Clinical Psychologist, Head of Learning Disability Service in Tayside and the project has been granted ethical approval by the Tayside Committee on Medical Research Ethics.

The projects aim is to develop a questionnaire on cognitions related to sex offending for use with individuals who have mild learning disabilities. It has been identified in the literature that to date there is no valid, reliable, self report questionnaire that identifies sexual attitudes in individuals with learning disabilities who have offended sexually. The standard measures used to assess this in individuals without learning disabilities are unsuitable as they are often too complicated and open too suggestible and acquiescent responding.

Once the questionnaire has been developed and tested it is hoped that it could be used to identify risk and prevent future offending. It would also be useful in assessing appropriate placements and treatment of individuals who offend sexually. This project is mainly concerned with assessing the reliability and validity of the questionnaires. In order to explore the differences and similarities between the sex offender and non sex offender populations and hence establish the validity of the questionnaires I am asking four groups of individuals to take part, these being:-

1. 20 individuals with mild learning disabilities who have offended sexually.
2. 20 individuals with mild learning disabilities who have not offended sexually.
- 3. 20 individuals with no learning disabilities who have offended sexually.**
4. 20 individuals with no learning disabilities who have not sexually offended.

I will exploring the differences and similarities between the responses of all four group participants to identify which items on the questionnaires differentiate the groups. The main questionnaire (1) explores attitudes and beliefs in relation to a variety of sexual offences. In

addition there are two other shorter questionnaires. One has been designed to assess social desirability and consistency of responding (2), the other investigates an individual's attributions for their offending behaviour (3). I enclose some sample questions from all questionnaires.

Ideally, I am looking for 15-20 subjects who have recently entered the probation system and/or have not received therapy/treatment for their sexual offending behaviour. I would be able to liaise with other workers regarding the possible recruitment of individuals. If an individual chose to take part in the study all three questionnaires, participant information sheet and consent sheets could be given to an individual to be completed independently (this is the preferred method), together with a stamped addressed envelope to be returned to myself. This would involve minimal time and effort of any other workers. Alternatively, I or another involved worker i.e. social worker, psychologist or therapist could administer the questionnaires. It would probably take the subject 30-40 minutes to complete the questionnaires.

I am gathering reliability data, therefore if possible would ask the subjects to complete the questionnaires once again a month later. I am also exploring the differences, if any, between an individuals general attitudes towards sex offence related cognitions (Questionnaire 1) and their attitudes towards the circumstances in their specific offence (Questionnaire 4). This would probably involve a short interview (5-10 minutes) with myself or other involved workers. However, if this part of the project constitutes too many demands then it would be feasible to exclude it from the study.

Ideally, I would like to ensure that participants do not have learning disabilities. Therefore it may be necessary to assess the intellectual level of subjects by administering a short WAIS-R or Ravens Matrices, if there has not been a prior assessment. I would also need to obtain a note of the participants type of sex offence for which they were on probation, any previous history of other types of sex offences and length of probation period. This information could be obtained from patient files or by liaison with other workers. I am willing to gather this information personally to minimise any demands which may be placed on staff and resources.

I have approached the Social Work Department in Dundee to see if individuals who are on probation there want to participate. However I am unlikely to get enough participants so am exploring client populations in other regions. I realise that I have limited time to collect data but I understand that proposals are considered on a frequent basis. I would be extremely grateful if this proposal could be considered as soon as possible.

I hope that this information is useful, if you would like further information I would be pleased to discuss the project further. It is difficult to contact me directly at present but I collect messages from the above address throughout the week. I hope that you are able to help and look forward to hearing from you soon.

Yours sincerely,

Sarah Broxholme
Trainee Clinical Psychologist

• EDINBURGH •

THE CITY OF EDINBURGH COUNCIL

SOCIAL WORK
HEADQUARTERS

Sarah Broxholme
Clinical Psychology Department
Wedderburn House
1 Edward Street
DUNDEE
DD1 5NS

Date 26 May 1997

Our ref HQ/DB/SP

Dear Ms Broxholme

Thank you for your letter of 6 May asking for access to male probationers in Edinburgh Social Work Department who have committed sex offences and who do not have learning disabilities.

I have discussed this request in some depth with Donald Dickie, PCM (Criminal Justice) and also referred the matter to Duncan MacAulay, Head of Operations. We agree that your project is well thought out and understand the necessity for assessing the reliability and validity of the questionnaires you are developing. There are however difficulties in terms of our participation.

Criminal Justice workers in Edinburgh are already under pressure and are also about to encounter significant demands from the evaluation of our in-house project. The research you outline would make significant demands on social workers in terms of obtaining client consent both to their participation and to the release of sensitive information about them to an outside body. We are also uncertain as to how the research would ~~effect~~ affect the client/social worker relationship in a probation setting. I regret therefore that Edinburgh Social Work Department is not able to assist you with this project at this time. I am sorry not to have been able to assist you and I hope you are able to obtain participants in other quarters.

Yours sincerely

Dorothy Buglass
Senior Research & Information Officer

cc Donald Dickie

LESLIE J McEWAN
DIRECTOR

Clinical Psychology Department
Wedderburn House
1, Edward Street,
Dundee DD1 5NS
Tel no: (01382) 346025

14 May 1997

Mr Gary Macpherson
Clinical Psychologist
Douglas Inch Centre
2, Woodside Terrace
Glasgow
G3 7UY

Dear Mr Macpherson,

Further to our telephone conversation I am writing with details of my project. I enclose the questionnaires as requested to give to those clients who wish to take part who have offended sexually and do **not** have learning disabilities

As you know, I am conducting a project over the next three months for a thesis as part of a Doctorate in Clinical Psychology on the East of Scotland Training course at Edinburgh University. The project is being supervised by Professor W. R. Lindsay, Chartered Clinical Psychologist, Head of Learning Disability Service in Tayside and the project has been granted ethical approval by the Tayside Committee on Medical Research Ethics.

The projects aim is to develop a questionnaire on cognitions related to sex offending for use with individuals who have mild learning disabilities. It has been identified in the literature that to date there is no valid, reliable, self report questionnaire that identifies sexual attitudes in individuals with learning disabilities who have offended sexually. The standard measures used to assess this in individuals without learning disabilities are unsuitable as they are often too complicated and open too suggestible and acquiescent responding.

Once the questionnaire has been developed and tested it is hoped that it could be used to identify risk and prevent future offending. It would also be useful in assessing appropriate placements and treatment of individuals who offend sexually. This project is mainly concerned with assessing the reliability and validity of the questionnaires. In order to explore the differences and similarities between the sex offender and non sex offender populations and hence establish the validity of the questionnaires I am asking four groups of individuals to take part, these being:-

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I will exploring the differences and similarities between the responses of all four group participants to identify which items on the questionnaires differentiate the groups. The main questionnaire (1) explores attitudes and beliefs in relation to a variety of sexual offences. In addition there are two other shorter questionnaires. One has been designed to assess social

desirability and consistency of responding (2), the other investigates an individual's attributions for their offending behaviour (3).

If an individual chose to take part in the study all three questionnaires, participant information and detail sheet and consent sheets could be given to an individual to be completed independently (this is the preferred method), together with a stamped addressed envelope to be returned to myself. It would probably take the subject 30-40 minutes to complete the questionnaires.

I am gathering reliability data, therefore if possible would ask the subjects to complete the questionnaires 1 & 2 again a month later. I am also exploring the differences, if any, between an individual's general attitudes towards sex offence related cognitions (Questionnaire 1) and their attitudes towards the circumstances in their specific offence (Questionnaire 4). This would involve a short interview (5-10 minutes) with myself or as part of a clinical session with yourself. However, if this part of the project constitutes too many demands then it would be feasible to exclude it from the study.

Ideally, I would like to ensure that participants do not have learning disabilities, if an intellectual assessment has been undertaken could you please inform me of this.

I have approached the Social Work Department in Dundee to see if individuals who are on probation there want to participate. However I am unlikely to get enough participants so am exploring client populations in other regions. I realise that I have limited time to collect data and would be extremely grateful if you can be of assistance.

I hope that this information is useful, if you would like further information I would be pleased to discuss the project further. It is difficult to contact me directly at present but I collect messages from the above address throughout the week. Alternatively I can be contacted at home on 01307 840718 . I hope that you are able to help and look forward to hearing from you soon.

Yours sincerely,

Sarah Broxholme
Trainee Clinical Psychologist

THE DOUGLAS INCH CENTRE



Our Ref: GJM/RC

Your Ref: .

If telephoning
please ask for: **Mrs R Cook**
Secretary

2 Woodside Terrace
Glasgow G3 7UY

Telephone: 0141 211 8000

Fax: 0141 211 8005

Direct Line: 0141 211 8016

19th May 1997

Confidential

Sarah Broxholme
Trainee Clinical Psychologist
Clinical Psychology Department
Wedderburn House
1 Edward Street
Dundee
DD1 5NS

Dear Ms Broxholme

Sex offending research

Thank you for your letter of 14th March regarding your research project on sexual offenders.

I have had the opportunity to speak about the project with the head of department, Professor David Cooke regarding access to sexual offenders who are referred to the Psychology department.

Unfortunately, it appears that you would need to apply for ethical approval through Greater Glasgow NHS Trust ethics board. I would imagine this would take some time, if indeed they passed your project.

I have therefore spoken with Brian Coyle, Social Worker who is in the process of contacting Robert Dempsey, Social Worker at H.M.P. Barlinnie. Robert Dempsey currently runs a group programme for offenders.

I hope this line of enquiry proves more fruitful.

Do not hesitate to get in touch if you feel that I can help in any other capacity.

Yours sincerely

Gary J Macpherson
Clinical and Forensic Psychologist
Douglas Inch Centre & Strathclyde Police

Sample Questions

Questionnaires 1,2 and 3 can be completed by the offender independently and returned in a stamped addressed envelope to myself. Questionnaire 4 would be completed during a short 5-10 minute interview with the offender which could be conducted either by myself or by other involved workers.

Questionnaire 1

This questionnaire consists of six sections related to type of offence and within each section there are questions which relate to three main themes of responsibility, intent and victim awareness. Responses are given by ticking Yes, No or Don't Know boxes.

Sample questions

SECTION	THEME		
	Responsibility	Intention	Victim Awareness
Women and Rape	Do you think that a woman can stop a man from raping her if she wanted to?	Do men rape women to scare or frighten them?	Do you think if a woman was raped that it would cause her any harm?
Voyeurism	Do women who don't close their curtains when they are in their underwear want people to look at them?	Do men stare at women to scare them?	If a woman sees a man staring at her do you think she would be upset about it for a few minutes or longer?
Exhibitionism	Do you think a woman has to look when a man flashes at her?	Do men flash to scare women?	Do you think it would take a woman years or a few days to get over being flashed at?
Dating	If a girl invites you back to her place for coffee is she really offering to have sex?	Would a woman think you found her ugly, if you didn't ask her to have sex with you?	Do you think a woman would get upset if her boyfriend kept trying to encourage her to have sex even though she has already said no?
Homosexual Assault	If a man does not want to have sex can he be forced to by another man?	Would a man rape another man to scare him?	Would it take a few weeks or longer to get over being raped by another man?
Paedophilia	Do some children enjoy having sex with adults?	Can you show you love a child by having sex with them?	After a few years would a child get over being sexually abused?

Questionnaire 2

This consists of 19 questions which requires the participant to tick either a yes or no circle. The questions are designed to assess socially desirable patterns of responding and consistency of responding. The questions are straight forward as they are designed to be easily understood by individuals who have learning disabilities.

Sample questions

Do you sometimes get cross?

Do you live in Scotland?

Have you ever been late for an appointment or work?

Are carrots orange?

Are there people who you do not like?

Questionnaire 3

This questionnaire assesses an individual's attributions regarding their offending behaviour and the circumstances at the time of the specific offence for which they are on probation. The questionnaire consists of four main themes which are locus of control, stability, controllability and blame. The response format is a five point likert scale which differs with each question. There are 12 questions, four main ones with three different presentations to assess reliability of responding.

One sample question for each theme

Section 1 : Controllability theme

How much do you think you could have controlled your behaviour when you offended?

Section 2 : Locus of control theme

Was the feeling you had when you offended to do with you i.e. within you or to do with the situation i.e. who you were with and where you were?

Section 3 : Stability theme

Was the feeling always there or was it a temporary feeling i.e. just there now and then or that one time?

Section 4: Blame theme

Who was to blame for that feeling you had when you offended i.e. was it you or others?

Questionnaire 4

This consists of a series of about 8 questions which are directly related to the individuals specific offence. There are six question sheets, one for each of the following offences: rape; voyeurism; exhibitionism; dating abuse; homosexual assault and paedophilia. The actual questions follow the same sections and themes as questionnaire 1. Only the question sheet which pertains to the individuals offence type is used in the interview. Responses are recorded verbatim during a short interview with the offender.

Sample questions

1. Specific offence :Rape

Was she partly to blame for the rape taking place?

Did she lead you on?

Was raping her a good way of showing her that you loved her?

2. Specific Offence : Voyeurism

Do you think she liked it when you stared/looked at her?

Was she lying about you?

Did you stare at her to scare her?

3. Specific Offence : Exhibitionism

Do you think she had to look when you flashed at her?

Did you do it for fun?

Do you think she was harmed by you flashing at her?

4. Specific Offence : Dating Abuse

Do you think it was okay to expect sex on a first date?

Was she asking for it?

Do you think it caused her any harm?

5. Specific Offence : Homosexual Assault

Do you think he could have fought you off if he wanted to?

Did you rape him to scare him?

Was it a bit of fun when you forced him to have sex?

6. Specific Offence : Paedophilia

Do you think he/she enjoyed having sex?

Did he/she lead you on?

Was he/she old enough to have sex?

Sample Questions

Questionnaires 1,2 and 3 can be completed by the offender independently and returned in a stamped addressed envelope to myself. Questionnaire 4 would be completed during a short 5-10 minute interview with the offender which could be conducted either by myself or by other involved workers.

Questionnaire 1

This questionnaire consists of six sections related to type of offence and within each section there are questions which relate to three main themes of responsibility, intent and victim awareness. Responses are given by ticking Yes, No or Don't Know boxes.

Sample questions

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This consists of 19 questions which requires the participant to tick either a yes or no circle. The questions are designed to assess socially desirable patterns of responding and consistency of responding. The questions are straight forward as they are designed to be easily understood by individuals who have learning disabilities.

Sample questions

Do you sometimes get cross?

Do you live in Scotland?

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Sample Questions

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